

B22C (Official Form 22C) (Chapter 13) (01/08)

In re: Austin, Jaimee E

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

The applicable commitment period is 3 years.
 The applicable commitment period is 5 years.
 Disposable income is determined under § 1325(b)(3).
 Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A (“Debtor’s Income”) for Lines 2-10. b. <input checked="" type="checkbox"/> Married. Complete both Column A (“Debtor’s Income”) and Column B (“Spouse’s Income”) for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor’s Income	Column B Spouse’s Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$ 4,195.28	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.			\$	\$
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.			\$	\$
5	Interest, dividends, and royalties.			\$	\$
6	Pension and retirement income.			\$	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor’s dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor’s spouse.			\$	\$

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8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a. _____	_____	\$ _____	\$	\$
	b. _____	_____	\$ _____	\$	\$
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).			\$ 4,195.28	
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.			\$ 4,195.28	

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11.			\$ 4,195.28	
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents. Otherwise, enter zero.				
	a. _____	_____	\$ _____	\$	\$
	b. _____	_____	\$ _____	\$	\$
	c. _____	_____	\$ _____	\$	\$
	Total and enter on Line 13.			\$	
14	Subtract Line 13 from Line 12 and enter the result.			\$ 4,195.28	
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.			\$ 50,343.36	
16	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: <u>Illinois</u>		b. Enter debtor's household size: <u>3</u>	\$ 66,607.00	
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. <input type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.				

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.			\$ 4,195.28	
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19	<p>Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 85%;"></td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> <p style="text-align: right;">Total and enter on Line 19. \$ 0.00</p>			a.		\$	b.		\$	c.		\$
a.		\$										
b.		\$										
c.		\$										
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. \$ 4,195.28											
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result. \$ 50,343.36											
22	Applicable median family income. Enter the amount from Line 16. \$ 66,607.00											
23	<p>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.</p>											

Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24A	<p>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) \$</p>																		
24B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. \$</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 50%; text-align: center;">Household members under 65 years of age</td> <td colspan="2" style="width: 50%; text-align: center;">Household members 65 years of age or older</td> </tr> <tr> <td>a1.</td> <td>Allowance per member</td> <td>a2.</td> <td>Allowance per member</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>b2.</td> <td>Number of members</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </table>			Household members under 65 years of age		Household members 65 years of age or older		a1.	Allowance per member	a2.	Allowance per member	b1.	Number of members	b2.	Number of members	c1.	Subtotal	c2.	Subtotal
Household members under 65 years of age		Household members 65 years of age or older																	
a1.	Allowance per member	a2.	Allowance per member																
b1.	Number of members	b2.	Number of members																
c1.	Subtotal	c2.	Subtotal																
25A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). \$</p>																		

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25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>			a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$										
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$										
c.	Net mortgage/rental expense	Subtract Line b from Line a										
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>											
27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the “Public Transportation” amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the “Operating Costs” amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>											
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the “Public Transportation” amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>											
28	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the “Ownership Costs” for “One Car” from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td style="text-align: right;">Subtract Line b from Line a</td> </tr> </table>			a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a
a.	IRS Transportation Standards, Ownership Costs	\$										
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$										
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a										

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29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.			\$
	a.	IRS Transportation Standards, Ownership Costs	\$	
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$		
	c. Net ownership/lease expense for Vehicle 2	\$	Subtract Line b from Line a	
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.			\$
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			\$
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			\$
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.			\$
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			\$
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.			\$
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.			\$
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			\$
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.			\$

Subpart B: Additional Expense Deductions under § 707(b)
Note: Do not include any expenses that you have listed in Lines 24-37

<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">a.</td> <td>Health Insurance</td> <td style="width: 10%;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 39 \$</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>			a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
39											
40	<p>Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.</p>										
41	<p>Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>										
42	<p>Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</p>										
43	<p>Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</p>										
44	<p>Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.</p>										
45	<p>Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.</p>										
46	<p>Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. \$</p>										

Subpart C: Deductions for Debt Payment

Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.

47

	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no
Total: Add lines a, b and c.				

\$

Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.

48

	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount
a.			\$
b.			\$
c.			\$
Total: Add lines a, b and c.			

\$

49

Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. **Do not include current obligations, such as those set out in Line 33.**

\$

Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.

50

a.	Projected average monthly Chapter 13 plan payment.	\$
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b

\$

51

Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.

\$

Subpart D: Total Deductions from Income

52

Total of all deductions from income. Enter the total of Lines 38, 46, and 51.

\$

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.		\$
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.		\$
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).		\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.		\$
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.		
	a.	Nature of special circumstances	Amount of expense
	b.		\$
	c.		\$
		Total: Add Lines a, b, and c	\$
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.		\$
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.		\$

Part VI. ADDITIONAL EXPENSE CLAIMS

60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.		
	a.	Expense Description	Monthly Amount
	b.		\$
	c.		\$
		Total: Add Lines a, b and c	\$

Part VII. VERIFICATION

61	I declare under penalty of perjury that the information provided in this statement is true and correct. (<i>If this a joint case, both debtors must sign.</i>)		
	Date: <u>August 25, 2008</u>	Signature: <u>/s/ Jaimee E Austin</u>	(Debtor)
	Date: _____	Signature: _____	(Joint Debtor, if any)

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition																					
Name of Debtor (if individual, enter Last, First, Middle): Austin, Jaimee E		Name of Joint Debtor (Spouse) (Last, First, Middle):																					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Jaimee E Hixon		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 6722		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																					
Street Address of Debtor (No. & Street, City, State & Zip Code): 232 Fenwood Ln Hillside, IL		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																					
ZIPCODE 60162-1711		ZIPCODE																					
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business:																					
Mailing Address of Debtor (if different from street address)		Mailing Address of Joint Debtor (if different from street address):																					
ZIPCODE		ZIPCODE																					
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE																					
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/>		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <hr/> Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																				
Filing Fee (Check one box)		Chapter 11 Debtors																					
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																					
Statistical/Administrative Information		THIS SPACE IS FOR COURT USE ONLY																					
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																							
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000- 5,000</td> <td>5,001- 10,000</td> <td>10,001- 25,000</td> <td>25,001- 50,000</td> <td>50,001- 100,000</td> <td>Over 100,000</td> </tr> </table>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000														
Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	THIS SPACE IS FOR COURT USE ONLY	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion														
Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion														

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: NDIL	Case Number: 02-48398	Date Filed: 12-09-2002
Location Where Filed: N/A	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.		
<input checked="" type="checkbox"/> <i>/s/ Derek Lofland</i> 8/25/08 Signature of Attorney for Debtor(s) Date		
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?		
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.		
If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Austin, Jaimee E**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Jaimee E Austin

Signature of Debtor

Jaimee E Austin**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

August 25, 2008

Date

Signature of Attorney***X /s/ Derek Lofland**

Signature of Attorney for Debtor(s)

Derek Lofland 6280490

Printed Name of Attorney for Debtor(s)

Gleason & Gleason

Firm Name

77 W Washington, Ste 1218

Address

Chicago, IL 60602**(312) 578-9530**

Telephone Number

August 25, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Austin, Jaimee E

Debtor(s)

Case No. _____

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Jaimee E Austin

Date: August 25, 2008

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Austin, Jaimee E

Printed Name(s) of Debtor(s)

X /s/ Jaimee E Austin

Signature of Debtor

8/25/2008

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

IN RE:

Austin, Jaimee E

Debtor(s)

Case No. _____

Chapter 13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 8,025.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 10,107.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7		\$ 24,167.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,452.86
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,052.00
TOTAL		19	\$ 8,025.00	\$ 34,274.00	

IN RE:

Austin, Jaimee E

Debtor(s)

Case No. _____

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,452.86
Average Expenses (from Schedule J, Line 18)	\$ 3,052.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 4,195.28

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 3,607.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00
4. Total from Schedule F	\$ 24,167.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 27,774.00

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL	0.00			

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on Hand Checking & Savings Account w/ Illinois CU Checking Account w/ Chase		50.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X	Security Deposit w/ Landlord - \$3200.00 - No value to Debtor		0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Misc Household Goods		950.00
4. Household goods and furnishings, include audio, video, and computer equipment.		Books, Pictures, Cds, DVDs, and other Collectibles		150.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Used Clothing		250.00
6. Wearing apparel.		Misc Costume Jewelry		50.00
7. Furs and jewelry.				
8. Firearms and sports, photographic, and other hobby equipment.	X	Term life - through work - No cash surrender value		0.00
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.				
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	
			HUSBAND, WIFE, JOINT, OR COMMUNITY	
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 GMC Yukon		6,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			

IN RE Austin, Jaimee E

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X X			

0 continuation sheets attached

(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking & Savings Account w/ Illinois CU	735 ILCS 5 §12-1001(b)	50.00	50.00
Checking Account w/ Chase	735 ILCS 5 §12-1001(b)	25.00	25.00
Misc Household Goods	735 ILCS 5 §12-1001(b)	950.00	950.00
Books, Pictures, Cds, DVDs, and other Collectibles	735 ILCS 5 §12-1001(b)	150.00	150.00
Used Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
Misc Costume Jewelry	735 ILCS 5 §12-1001(b)	50.00	50.00
2000 GMC Yukon	735 ILCS 5 §12-1001(c)	2,400.00	6,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 528500279162 Chase Auto 201 N Central Ave Fl 11 Phoenix, AZ 85004-0073	H	Installment account opened 10/07 VALUE \$ 6,500.00				10,107.00	3,607.00
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							

0 continuation sheets attached

Subtotal
(Total of this page) \$ **10,107.00** \$ **3,607.00**

Total
(Use only on last page) \$ **10,107.00** \$ **3,607.00**

(Report also on
Summary of
Schedules.) (If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Hixj527 Global Payments Inc PO Box 59371 Chicago, IL 60659-0371	H	Unknown account opened 10/06				1,825.00
ACCOUNT NO. 200755421 Great American Finance 205 W Wacker Dr Chicago, IL 60606-1216	H	Installment account opened 12/07				540.00
ACCOUNT NO. Hollywood Video	H					95.00
ACCOUNT NO. Crd Prt Asso PO Box 802068 Dallas, TX 75380-2068		Assignee or other notification for: Hollywood Video				
6 continuation sheets attached			Subtotal (Total of this page)	\$	2,460.00	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 6379000801060591		H Revolving account opened 12/05			188.00
Lewmag/soa 421 Landmark Dr. Wilmington, NC 28410-0001					
ACCOUNT NO.		H Open account opened 10/05			3,662.00
Loyola University Health Sys.					
ACCOUNT NO.		Assignee or other notification for: Loyola University Health Sys.			
Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771					
ACCOUNT NO.		H Open account opened 8/05			2,854.00
Loyola University Health Sys.					
ACCOUNT NO.		Assignee or other notification for: Loyola University Health Sys.			
Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771					
ACCOUNT NO.		H Open account opened 8/04			733.00
Loyola University Health Sys.					
ACCOUNT NO.		Assignee or other notification for: Loyola University Health Sys.			
Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771					
Sheet no. 1 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 7,437.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. Loyola University Health Sys.	H	Open account opened 8/04			733.00
ACCOUNT NO. Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Health Sys.			
ACCOUNT NO. Loyola University Health Sys.	H	Open account opened 11/04			733.00
ACCOUNT NO. Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Health Sys.			
ACCOUNT NO. Loyola University Health Sys.	H	Open account opened 11/04			733.00
ACCOUNT NO. Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Health Sys.			
ACCOUNT NO. Loyola University Health Sys.	H	Open account opened 4/07			631.00
Sheet no. <u>2</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 2,830.00	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Health Sys.			
ACCOUNT NO.					
Loyola University Health Sys.	H	Open account opened 3/05			240.00
ACCOUNT NO.					
Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Health Sys.			
ACCOUNT NO.					
Loyola University Health Sys.	H	Open account opened 1/05			240.00
ACCOUNT NO.					
Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Health Sys.			
ACCOUNT NO.					
Loyola University Health Sys.	H	Open account opened 8/05			160.00
ACCOUNT NO.					
Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Health Sys.			
Sheet no. <u>3</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <u>640.00</u>	
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. Loyola University Health Sys.		H Open account opened 8/04			61.00
ACCOUNT NO. Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Health Sys.			
ACCOUNT NO. Loyola University Phy Ns Found		H Open account opened 9/05			3,073.00
ACCOUNT NO. Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220		Assignee or other notification for: Loyola University Phy Ns Found			
ACCOUNT NO. Loyola University Phy Ns Found		H Open account opened 9/05			468.00
ACCOUNT NO. Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220		Assignee or other notification for: Loyola University Phy Ns Found			
ACCOUNT NO. Loyola University Phy Ns Found		H Open account opened 9/05			369.00
Sheet no. <u>4</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 3,971.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220		Assignee or other notification for: Loyola University Phy Ns Found			
ACCOUNT NO. Loyola University Phy Ns Found	H	Open account opened 12/04			284.00
ACCOUNT NO. Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220		Assignee or other notification for: Loyola University Phy Ns Found			
ACCOUNT NO. Loyola University Phy Ns Found	H	Open account opened 4/08			234.00
ACCOUNT NO. Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220		Assignee or other notification for: Loyola University Phy Ns Found			
ACCOUNT NO. Loyola University Phy Ns Found	H	Open account opened 4/08			145.00
ACCOUNT NO. Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220		Assignee or other notification for: Loyola University Phy Ns Found			
Sheet no. <u>5</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 663.00	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. Loyola University Phy Ns Found	H	Open account opened 3/07			115.00
ACCOUNT NO. Illinois Collection Se 8231 185th St Ste 100 Tinley Park, IL 60477-9220		Assignee or other notification for: Loyola University Phy Ns Found			
ACCOUNT NO. 856288495655o Midnight Velvet 1112 7th Ave Monroe, WI 53566-1364	H	Revolving account opened 8/05			1,217.00
ACCOUNT NO. Hix Ndc Ck Svc PO Box 59371 Chicago, IL 60659-0371	H	Open account opened 10/06			1,825.00
ACCOUNT NO. 22450 The SC At 900 North Michigan LBX 619752 PO Box 6197 Chicago, IL 60680-6197		Medical/ Dental Bill			3,009.00
ACCOUNT NO.					
ACCOUNT NO.					
Sheet no. 6 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 6,166.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$ 24,167.00	

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

Debtor(s)

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Separated	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Foster Child Foster Child	AGE(S): 11 8
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation ASSP		
Name of Employer Riveredge Hospital		
How long employed 2 years		
Address of Employer 8311 Roosevelt Rd Forest Park, IL 60130-2529		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 3,620.93	\$ _____
2. Estimated monthly overtime	\$ _____	\$ _____

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS	
a. Payroll taxes and Social Security	\$ 565.52
b. Insurance	\$ 439.48
c. Union dues	\$ _____
d. Other (specify) See Schedule Attached	\$ 63.07
	\$ _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,068.07
	\$ 2,552.86

7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____
8. Income from real property	\$ _____
9. Interest and dividends	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____
11. Social Security or other government assistance (Specify) Foster Child State Income	\$ 900.00
12. Pension or retirement income	\$ _____
13. Other monthly income (Specify)	\$ _____
	\$ _____
	\$ _____

14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 900.00
	\$ 3,452.86

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ 3,452.86

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

Other Payroll Deductions:

Critical Illness**Ltd****Std**

DEBTOR SPOUSE

25.83**12.50****24.74**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,650.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 117.00
b. Water and sewer	\$ 45.00
c. Telephone	\$ 95.00
d. Other Cell Phone	\$ 50.00
Cable And Internet	\$ 75.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 300.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 35.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 35.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Child Care	\$ 300.00
	\$
	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **3,052.00**

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 3,452.86
b. Average monthly expenses from Line 18 above	\$ 3,052.00
c. Monthly net income (a. minus b.)	\$ 400.86

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: August 25, 2008

Signature: /s/ Jaimee E Austin
Jaimee E Austin

Debtor

Date: _____ Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Case No. _____

Austin, Jaimee EChapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE**25,726.00 2006 income from employment****45,469.00 2007 income from employment****3,620.93 2008 income from employment (monthly)****2. Income other than from employment or operation of business**

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors*Complete a. or b., as appropriate, and c.*

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Loyola University v. Debtor 06 M1 174944	Collection	Circuit Court of Cook County	Judgment for Plaintiff

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Loyola University Health Systems Patient Financial Services 2160 S 1st Ave Maywood, IL 60153-3328	2008	\$200.00 in wages

5. Repossessions, foreclosures and returns

a. List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

a. List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

a. List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

a. List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Gleason & Gleason

77 W Washington, Ste 1218

Chicago, IL 60602

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

**15. Prior address of debtor**

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

525 S 25th Ave, Apt 1, Bellwood, IL 60104

NAME USED

Same

DATES OF OCCUPANCY

Moved 03/2007

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: August 25, 2008

Signature /s/ Jaimee E Austin
of Debtor

Jaimee E Austin

Date: _____

Signature _____
of Joint Debtor
(if any)

_____ 0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Austin, Jaimee E

Debtor(s)

Case No. _____

Chapter 13

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 12

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 25, 2008

/s/ Jaimee E Austin

Debtor

Joint Debtor

IN RE:

Austin, Jaimee E

Debtor(s)

Case No. _____

Chapter 13

**RIGHTS AND RESPONSIBILITIES AGREEMENT
BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS**
(Model Retention Agreement, revised as of May 1, 2007)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure—but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from by their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved the following agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Discuss with the attorney the debtor's objectives in filing the case.
2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
6. Advise the debtor of the need to maintain appropriate insurance.

AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also

bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.

3. Notify the attorney of any change in the debtor's address or telephone number.
4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
7. Timely prepare, file, and serve any necessary statements, amended statements and schedules and any change of address, in accordance with information provided by the debtor.
8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
9. Be available to respond to the debtor's questions throughout the term of the plan.
10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
12. Object to improper or invalid claims.
13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
14. Timely respond to motions for relief from stay.
15. Prepare, file, and serve all appropriate motions to avoid liens.
16. Provide any other legal services necessary for the administration of the case.
17. In the event that the case is converted to Chapter 7, provide any other legal services which may be necessary consistent with the attorney's responsibilities under Local Bankruptcy Rule 2090-5, with such additional fees as may be appropriate.

ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of

\$ 3,500.00 .

In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

2. *Early termination of the case.* Fees payable under the provisions set out above are not refundable in the event that the case is dismissed, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.

3. *Retainers.* The attorney may receive a retainer or other payment before filing the case, but may not receive fees directly from the debtor after the filing of the case. In any application for fees, whether or not requiring an itemization, the attorney shall disclose to the court any fees paid by the debtor prior to the case filing.

4. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.

5. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.

6. *Discharge of the attorney.* The debtor may discharge the attorney at any time.

Date: August 25, 2008

Signed:

/s/ Jaimee E Austin

Debtor

Joint Debtor

/s/ Derek Lofland

Attorney

Do not sign if the fee amount at top of this page is blank.

Austin, Jaimee E
232 Fenwood Ln
Hillside, IL 60162-1711

Ndc Ck Svc
PO Box 59371
Chicago, IL 60659-0371

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

Talan & Ktsanes
300 W Adams St Ste 840
Chicago, IL 60606-5109

Chase Auto
201 N Central Ave Fl 11
Phoenix, AZ 85004-0073

The SC At 900 North Michigan
LBX 619752
PO Box 6197
Chicago, IL 60680-6197

Crd Prt Asso
PO Box 802068
Dallas, TX 75380-2068

Wachovia Education Fin
PO Box 3117
Winston Salem, NC 27102-3117

Global Payments Inc
PO Box 59371
Chicago, IL 60659-0371

Great American Finance
205 W Wacker Dr
Chicago, IL 60606-1216

Illinois Collection Se
8231 185th St Ste 100
Tinley Park, IL 60477-9220

Lewmag/soa
421 Landmark Dr.
Wilmington, NC 28410-0001

Midnight Velvet
1112 7th Ave
Monroe, WI 53566-1364

Nationwide Credit And Co
9919 W Roosevelt Rd Ste 101
Westchester, IL 60154-2771

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 00000000
CHECK DATE: 12/7/2007
PERIOD ENDING 12/1/2007

JAIMEE E. HIXSON-AUSTIN
1527 BALMORAL AVE.
WESTCHESTER, IL 60154

ID NUMBER: 1037181
PAY RATE: 20.00
DEPARTMENT: 806

STATUS EXEMPT TAX ADJUSTMENTS
FED: M 2 FED: ST:
ST1: M 2 DI/UC:
ST2: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS			TAXES		SPECIAL INFORMATION		
DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT	
Charge Pay	31.20	0.00	0.00	Federal Inc	191.56	4006.20	
Holiday Worked	8.20	248.00	438.00	Employee Me	29.63	631.36	
OLMK Evening	8.20	8.20	0.00	Social Secu	126.67	2689.66	
OLMK Shift YT	0.00	0.00	24.20	IL State In	56.68	1218.58	
Miscellaneous	0.00	0.00	163.60				
T Straight Ra	15.10	302.00	7389.20				
TSTR Evening	0.50	0.50	0.00				
TSTR Shift YT	0.00	0.00	1132.40				
TSTR Weekend	10.60	21.20	0.00				
TSTR Weekend	4.00	8.00	0.00				
vertime Coeff	15.10	180.87	4159.64				
aid Time Off	14.50	290.00	2005.20				
EG Evening	40.40	40.40	0.00				
EG Night Sh	6.80	6.80	0.00				
EG Shift YT	0.00	0.00	3188.75				
EG Weekend	9.20	18.40	0.00				
EG Weekend	0.90	1.80	0.00				
regular	57.30	1146.00	28765.20				
TOTAL H/E	222.00	2249.97	47266.19	Total Tax	404.54	8555.80	
PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		DIRECT DEPOSIT		
ental Ins	20.71	372.78	Accident Ins	14.04	252.72	S1009	245.00
0 Med 0050	181.59	3268.62	Critical Ill	11.92	214.56	C0876	1348.89
ision	4.55	81.90	Life Spouse	1.54	24.64		
			LTD	5.77	75.77		
			Misc Deducti	0.00	50.00		
			STD	11.42	205.56		
total Pre-Tax:	206.85	3723.30	Total Ded:	44.68	823.25	Total Dir Dep	1593.89
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY		
2249.97	206.85	2043.12	404.54	44.68	1593.89		
T-D	47266.19	3723.30	43542.89	8555.80	34163.64		

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

DATE: 12/7/2007 ADVICE NO: 00000000

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

JAIMEE E. HIXSON-AUSTIN
1527 BALMORAL AVE.
WESTCHESTER, IL 60154

NOT NEGOTIABLE

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 000000000
CHECK DATE: 12/21/2007
PERIOD ENDING 12/15/2007

JAIMEE E. HIXSON-AUSTIN
32 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806

STATUS EXEMPT TAX ADJUSTMENTS
FED: M 2 FED: ST:
ST1: M 2 DI/UC:
ST2: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS			TAXES			SPECIAL INFORMATION		
DESCRIPTION	CURRENT HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT		
Charge Pay	60.90	0.00	0.00	Federal Inc	174.08	4180.28	ESL	67.31
Holiday Worked	0.00	0.00	428.00	Employee He	27.94	659.30	PTO	10.87
OLMK Shift YT	0.00	0.00	24.20	Social Secu	119.45	2819.11		
Miscellaneous	0.00	0.00	163.60	IL State In	53.18	1271.76		
T Straight Ra	21.00	420.00	7809.20					
TSTR Evening	13.30	13.30	0.00					
TSTR Shift YT	0.00	0.00	1161.10					
TSTR Weekend	0.40	0.80	0.00					
TSTR Weekend	7.30	14.60	0.00					
Vertime Coeff	21.00	218.31	4378.95					
Wk Time Off	52.00	640.00	2845.20					
EG Evening	12.00	12.00	0.00					
EG Night Sh	9.70	9.70	0.00					
EG Shift YT	0.00	0.00	3214.15					
EG Weekend	3.70	3.70	0.00					
Regular	40.00	800.00	29565.20					
TOTAL H/E	221.30	2133.41	49399.60	Total Tax	374.65	8930.45		
PRE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS			DIRECT DEPOSIT	
Health Ins	20.71	393.49		Accident Ins	14.04	266.76	S1009	245.00
HMO Med 0050	181.59	3450.21		Critical Ill	11.92	228.48	C0876	1262.22
tion	4.95	86.45		Life Spouse	1.54	26.18		
				LTD	5.77	81.54		
				Misc Deducti	0.00	50.00		
				STD	11.42	216.98		
Total Pre-Tax:	206.85	3930.15		Total Ded:	44.69	867.94	Total Dir Dep	1507.22
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY			
ERENT	2133.41	206.85	1926.56	374.65	44.69	1507.22		
T-D	48399.60	3930.15	45469.45	8930.45	867.94	35671.06		

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

DATE: 12/21/2007 ADVICE NO: 000000000

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

JAIMEE E. HIXSON-AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

NOT NEGOTIABLE

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 00000000
CHECK DATE: 1/18/2008
PERIOD ENDING 1/12/2008

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806

STATUS EXEMPT TAX ADJUSTMENTS
FED: M 2 FED: ST:
ST1: M 2 DI/UC:
ST2: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS			TAXES		SPECIAL INFORMATION		
DESCRIPTION	CURRENT HOURS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT		
Charge Pay	80.50	181.00	181.00	Federal Inc	227.87	503.76	
Holiday Worked	15.20	456.00	699.00	Employee Me	33.28	71.21	
HOLWK Evening	8.30	8.30	0.00	Social Secu	142.32	304.48	
HOLWK Night Sh	8.90	8.90	0.00	IL State In	84.25	138.10	
HOLWK Shift YT	0.00	0.00	23.30				
OT Straight Ra	15.00	300.00	950.40				
OTSTR Evening	5.20	5.20	0.00				
OTSTR Shift YT	0.00	0.00	57.50				
OTSTR Weekend	9.80	19.60	0.00				
Overtime Coeff	15.00	157.94	569.38				
REG Evening	50.95	50.95	0.00				
REG Shift YT	0.00	0.00	132.80				
REG Weekend	3.00	6.00	0.00				
REG Weekend	2.20	4.40	0.00				
Regular	64.80	1296.00	2734.00				
TOTAL H/E	278.85	2502.29	5324.68	Total Tax	467.72	1017.55	
PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		DIRECT DEPOSIT		
Dental Ins	20.71	41.42	Accident Ins	14.04	28.08	S1009 245.00	
HPO Med 0050	181.59	363.18	Critical Ill	11.92	23.84	C0876 1538.03	
Hision	4.55	9.10	Life Spouse	1.54	3.08		
			LTD	5.77	11.54		
			STD	11.42	22.84		
Total Pre-Tax:	206.85	413.70	Total Ded:	44.69	89.38	Total Dir Dep	1783.03
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY		
CURRENT	206.85	2295.44	467.72	44.69	1783.03		
Y-T-D	3324.68	413.70	1017.55	89.38	3804.05		

Statement of Earnings - Use back of period statement and Payroll for records - All rights reserved by Riveredge

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

DATE: 1/18/2008 ADVICE NO: 00000000

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

NOT NEGOTIABLE

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 00000000
CHECK DATE: 2/1/2008
PERIOD ENDING 1/26/2008

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806

STATUS EXEMPT TAX ADJUSTMENTS
FED: M 2 FED: ST:
ST1: M 2 DI/UC:
ST2: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS			TAXES		SPECIAL INFORMATION		
DESCRIPTION	CURRENT HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT	
Charge Pay	90.80	0.00	161.00	Federal Inc	206.77	710.53	
Holiday Worked	0.00	0.00	698.00	Employee Me	31.24	102.45	
HOLWk Shift YT	0.00	0.00	23.30	Social Secu	133.59	438.07	
DT Straight Ra	22.10	442.00	1392.40	IL State In	60.03	198.13	
DTSTR Evening	8.00	8.00	0.00				
DTSTR Shift YT	0.00	0.00	86.00				
DTSTR Weekend	8.30	6.30	0.00				
DTSTR Weekend	3.00	6.00	0.00				
DTSTR Weekend	4.10	8.20	0.00				
Overtime Coeff	22.10	231.30	787.98				
REG Evening	51.30	51.30	0.00				
REG Night Sh	14.60	14.60	0.00				
REG Shift YT	0.00	0.00	225.40				
REG Weekend	0.90	0.90	0.00				
REG Weekend	8.20	24.60	0.00				
REG Weekend	0.30	0.80	0.00				
Regular	80.00	1567.20	4301.20				
TOTAL H/E	312.30	2361.60	7686.28	Total Tax	431.63	1449.18	
PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		DIRECT DEPOSIT		
Mental Ins	20.71	62.13	Accident Ins	14.04	42.12	S1009 245.00	
PO Med 0050	181.58	544.77	Critical Ill	11.92	35.76	C0876 1433.43	
Vision	4.55	13.65	Life Spouse	1.54	4.62		
			LTD	5.77	17.31		
			STD	11.42	34.26		
Total Pre-Tax:	206.85	620.55	Total Ded:	44.69	134.07	Total Dir Dep	1678.43
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY		
CURRENT	2361.60	206.85	2154.75	431.63	44.69		
-T-D	7686.28	620.55	7065.73	1449.18	134.07		
					5482.48		

Statement of Earnings - Attach to performance review and keep for future records. A Payroll Service By Credient

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

DATE: 2/1/2008 ADVICE NO: 00000000

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

NOT NEGOTIABLE

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 005001050
CHECK DATE: 2/15/2008
PERIOD ENDING 2/9/2008

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161	STATUS	EXEMPT	TAX ADJUSTMENTS
PAY RATE: 20.00	FED: M	2	FED: ST:
DEPARTMENT: 806	ST1: M	2	DI/UC:
	ST2:		LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS			TAXES		SPECIAL INFORMATION	
DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
Charge Pay	88.40	0.00	161.00	Federal Inc	222.60	933.13
Holiday Worked	0.00	0.00	689.00	Employee Me	32.77	ESL
HOLWK Shift YT	0.00	0.00	23.30	Social Secu	135.22	PTO
OT Straight Ra	24.50	490.00	1882.40	IL State In	63.19	281.32
OTSTR Evening	2.90	2.90				
OTSTR Shift YT	0.00	0.00	0.00			
OTSTR Weekend	6.00	12.00	132.10			
OTSTR Weekend	15.60	31.20	0.00			
Overtime Coeff	24.50	258.60	1057.58			
REG Evening	62.90	62.90	0.00			
REG Shift YT	0.00	0.00	328.40			
REG Weekend	16.10	40.10	0.00			
Regular	80.00	1568.40	5869.60			
TOTAL H/E	320.90	2467.10	10153.38	Total Tax	458.70	1907.88
PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			
Dental Ins	20.71	82.84	Accident Ins	14.04	59.76	
PPO Med 0050	181.59	726.36	Critical Ill	11.92	47.68	
Vision	4.55	18.20	Life Spouse	1.54	6.16	
			LTD	5.77	23.08	
			STD	11.42	45.68	
Total Pre-Tax:	206.85	827.40	Total Ded:	44.69	178.76	Total Dir Dep
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY	
ARRENT	2467.10	206.85	2260.25	458.70	44.69	1756.86
T-D	10153.38	827.40	9325.98	1907.88	178.76	7239.34

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 005001136
CHECK DATE: 2/29/2008
PERIOD ENDING 2/23/2008

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161	STATUS	EXEMPT	TAX ADJUSTMENTS
PAY RATE: 20.00	FED: M	2	FED: ST:
DEPARTMENT: 806	ST1: M	2	DI/UC:
	ST2:		LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES

SPECIAL INFORMATION

DESCRIPTION	CURRENT HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
Charge Pay	8.20	0.00	181.00	Federal Inc	360.00	1293.13
Holiday Worked	0.00	0.00	699.00	Employee Me	45.29	180.51
HOLMK Shift YT	0.00	0.00	23.30	Social Secu	193.65	771.86
OT Straight Ra	51.80	1036.00	2918.40	IL State In	89.09	350.41
OTSTR Evening	15.40	15.40	0.00			
OTSTR Night Sh	28.30	26.30	0.00			
OTSTR Shift YT	0.00	0.00	190.90			
OTSTR Weekend	3.10	3.10	0.00			
OTSTR Weekend	3.00	6.00	0.00			
OTSTR Weekend	4.00	8.00	0.00			
Overtime Coeff	51.80	547.41	1804.99			
REG Evening	49.95	49.95	0.00			
REG Night Sh	21.95	21.95	0.00			
REG Shift YT	0.00	0.00	416.50			
REG Weekend	8.10	16.20	0.00			
Regular	80.00	1800.00	7469.60			

TOTAL H/E	323.60	3330.31	13483.69	Total Tax	688.03	2595.91
PRE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS		
ental Ins	20.71	103.55	Accident Ins	14.04	70.20	\$100.00
PO Med 0050	181.59	907.95	Critical Ill	11.92	59.60	
ision	4.55	22.75	Life Spouse	1.54	7.70	245.00
			LTD	5.77	28.85	
			STD	11.42	57.10	

Total Pre-Tax:	206.85	1034.25	Total Ded:	44.69	223.45	Total Dir Dep
EARNS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY	
3330.31	206.85	3123.48	688.03	44.69	2390.74	
T-D	13483.69	1034.25	12449.44	2595.91	223.45	9630.08

Statement of Earnings

Printed at 08:04:15 AM on 08/25/2008 by Payroll Department

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 005001248
CHECK DATE: 3/14/2008
PERIOD ENDING 3/8/2008

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSDALE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 808

STATUS: M EXEMPT: 2
FED: M 2
ST1: M 2
ST2: DI/UC:
LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS

DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS
Charge Pay	31.60	0.00	161.00
Holiday Worked	0.00	0.00	699.00
HOLW Shift YT	0.00	0.00	23.30
OT Straight Ra	0.00	0.00	2918.40
OTSTR Shift YT	0.00	0.00	190.90
Overtime Coeff	0.00	0.00	1604.89
Paid Time Off	24.00	480.00	480.00
REG Evening	30.90	30.90	0.00
REG Night Sh	25.10	25.10	0.00
REG Shift YT	0.00	0.00	172.50
Regular	56.00	1120.00	8589.60

TAXES

DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
Federal Inc	100.93	1394.06
Employee Me	21.01	201.52
Social Secu	89.85	861.71
IL State In	38.88	389.27

SPECIAL INFORMATION

ESL
PTO

83.92

27.49

TOTAL H/E	167.60	1656.00	15139.69	Total Tax	250.65	2846.56
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PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			DIRECT DEPOSIT	
Dental Ins	20.71	124.28	Accident Ins	14.04	84.24	\$1009	245.00
PPO Med 0050	181.59	1089.54	Critical Ill	11.92	71.52		
Vision	4.55	27.30	Life Spouse	1.54	9.24		
			LTD	5.77	34.62		
			STD	11.42	68.52		

Total Pre-Tax:	206.85	1241.10	Total Ded:	44.69	268.14	Total Dir Dep	
EARNINGS	1656.00	206.85	PRETAX	1449.15	FIT TAXABLE	LESS TAXES	
				250.65		LESS DEDS	
						EQ NET PAY	
T-D	15139.69	1241.10		13289.54	2846.56	268.14	10723.99

245.00

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 005001378
CHECK DATE: 3/28/2008
PERIOD ENDING 3/22/2008

JAIHREE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161	STATUS	EXEMPT	TAX ADJUSTMENTS
PAY RATE: 20.00	FED: M	2	FED: ST:
DEPARTMENT: 806	ST1: M	2	DI/UC:
	ST2:		LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES

SPECIAL INFORMATION

DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS
Charge Pay	36.60	0.00	161.00
Holiday Worked	0.00	0.00	699.00
HOLWK Shift YT	0.00	0.00	23.30
OT Straight Ra	9.30	186.00	3104.40
OTSTR Evening	1.80	1.80	0.00
OTSTR Shift YT	0.00	0.00	0.00
OTSTR Weekend	7.50	15.00	207.70
Overtime Coeff	9.30	98.18	0.00
Paid Time Off	0.00	0.00	1703.17
REG Evening	54.55	54.55	480.00
REG Night Sh	15.95	15.95	0.00
REG Shift YT	0.00	0.00	0.00
REG Weekend	7.50	15.00	558.00
Regular	79.90	1598.00	0.00
			10187.60

DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
Federal Inc	150.20	1544.26
Employee Me	25.78	227.30
Social Secu	110.21	971.92
IL State In	48.71	437.98

ESL
PTO

86.69
34.26

TOTAL H/E	222.40	1984.48	17124.17	Total Tax	334.90	3181.46
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PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			DIRECT DEPOSIT	
Dental Ins	20.71	144.97	Accident Ins	14.04	98.28	ST009	245.00
PPO Med 0050	181.59	1271.13	Critical Ill	11.92	83.44		
Vision	4.55	31.85	Life Spouse	1.54	10.78		
			LTD	5.77	40.39		
			STD	11.42	79.94		

Total Pre-Tax:	206.85	1447.95	Total Ded:	44.69	312.83	Total Dir Dep	245.00
EARINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY		
CURRENT	1984.48	206.85	1777.63	334.80	44.69	1398.04	
-T-D	17124.17	1447.95	15676.22	3181.46	312.83	12181.93	

Statement of Earnings

Use this information below and keep for your records.

A Payroll Service By Ceridian

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 005001515
CHECK DATE: 4/25/2008
PERIOD ENDING 4/19/2008

JAIME E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037181
PAY RATE: 20.00
DEPARTMENT: 806

STATUS EXEMPT TAX ADJUSTMENTS
FED: M 2 FED: ST:
ST1: M 2 DI/UC:
ST2: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES

SPECIAL INFORMATION

DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS
Charge Pay	72.90	72.90	
Holiday Worked	0.00	0.00	298.90
HOLWK Shift YT	0.00	0.00	689.00
OT Straight Ra	3.90	78.00	23.00
OTSTR Evening	3.80	3.80	3460.40
OTSTR Shift YT	0.00	0.00	0.00
OTSTR Weekend	0.10	0.20	225.80
Overtime Coeff	3.90	42.48	0.00
Paid Time Off	0.00	0.00	1896.72
REG Evening	28.50	58.50	480.00
REG Shift YT	0.00	0.00	0.00
REG Weekend	15.10	15.10	703.80
REG Weekend	3.00	6.00	0.00
REG Weekend	3.60	7.20	0.00
Regular	77.50	1550.00	
Retro	0.00	0.00	13187.60
			99.60

DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
Federal Inc	128.44	1848.20
Employee Me	23.67	279.00
Social Secu	101.22	1192.98
IL State In	44.36	535.71

ESL

PTD

92.23

47.80

TOTAL H/E	222.30	1814.18	21052.92
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PRE-TAX DEDUCTIONS	AFTER-TAX DEDUCTIONS	DIRECT DEPOSIT
Dental Ins	20.71	186.39
PPO Med 0050	0.00	1271.13
Std Med 0050		311.90
Vision	165.95	41.77

Total Pre-Tax:	181.62	1811.19	Total Ded:	49.33	411.49	Total Dir Dep
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY	
1814.18	181.62	1632.56	297.69	49.33	1285.54	

245.00

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 005001433
CHECK DATE: 4/11/2008
PERIOD ENDING 4/5/2008

JAIREE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161	STATUS: N	EXEMPT: 2	TAX ADJUSTMENTS	
PAY RATE: 20.00	FED: N	2	FED:	ST:
DEPARTMENT: 808	ST1: N	2	DI/UC:	
	ST2:		LOCAL:	

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES

SPECIAL INFORMATION

DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT	
Charge Pay	63.00	83.00	224.00	Federal Inc	173.50	1717.78	
Holiday Worked	0.00	0.00	699.00	Employee Me	28.03	255.33	ESL 89.46
HOLWK Shift YT	0.00	0.00	23.30	Social Secu	119.84	1091.78	PTO 41.03
OT Straight Ra	13.90	278.00	3382.40	IL State In	53.37	491.35	
OTSTR Evening	7.30	7.30	0.00				
OTSTR Shift YT	0.00	0.00	221.60				
OTSTR Weekend	6.60	6.60	0.00				
Overtime Coeff	13.90	151.07	1854.24				
Paid Time Off	0.00	0.00	489.00				
REG Evening	41.50	41.50	0.00				
REG Night Sh	14.90	14.90	0.00				
REG Shift YT	0.00	0.00	637.00				
REG Weekend	7.80	7.80	0.00				
REG Weekend	7.50	15.00	0.00				
Regular	71.50	1430.00	11617.60				
Retro	0.00	99.60	99.60				
TOTAL H/E	247.70	2114.57	19238.74	Total Tax	374.74	3556.20	
ENTAL INS		PRE-TAX DEDUCTIONS		AFTER-TAX DEDUCTIONS			
PO Med 0050	20.71	165.88		Accidental Ins	14.04	112.32	
td Med 0050	0.00	1271.13		Critical Ill	11.92	95.38	\$1008 245.00
ision	155.95	155.95		Life Employee	4.64	4.64	
	4.96	36.81		Life Spouse	1.54	12.32	
				LTD	5.77	46.16	
				STD	11.42	81.36	
Total Pre-Tax:	181.62	1829.57	Total Ded:	49.33	382.16	Total Dir Dep	245.00
ERENT	EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EO NET PAY	
2114.57	2114.57	181.62	1932.95	374.74	49.33	1508.88	
T D	19238.74	19238.74	17809.17	3556.20	382.16	13680.81	

Statement of earnings

Detach at perforation below and keep for your records.

A Payroll Service By Check

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 005001611
CHECK DATE: 5/9/2008
PERIOD ENDING 5/3/2008

JAIREE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806

STATUS EXEMPT TAX ADJUSTMENTS
FED: M 2 FED: ST:
ST1: M 2 DI/UC:
ST2: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS

DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	TAXES	SPECIAL INFORMATION
Charge Pay	101.70	101.70	398.60		
Holiday Worked	0.00	0.00	699.00		
HOLWK Shift YT	0.00	0.00	23.30		
OT Straight Ra	21.70	434.00	3894.40		
OTSTR Evening	8.20	8.20	0.00		
OTSTR Night Sh	0.80	0.80	0.00		
OTSTR Shift YT	0.00	0.00	252.10		
OTSTR Weekend	7.90	7.90	0.00		
OTSTR Weekend	4.80	9.60	0.00		
Overtime Coeff	21.70	239.54	2136.26		
Paid Time Off	0.00	0.00	480.00		
REG Evening	59.20	59.20	0.00		
REG Night Sh	10.20	10.20	0.00		
REG Shift YT	0.00	0.00	0.00		
REG Weekend	8.40	8.40	788.00		
REG Weekend	2.20	4.40	0.00		
Regular	80.00	1900.00	14787.80		
Retro	0.00	0.00	99.60		

TOTAL H/E	326.80	2483.94	23538.86	Total Tax	469.48	4323.37	
ENTAL INS	20.71	207.10		AFTER-TAX DEDUCTIONS			
PO Med 0050	0.00	1271.13		Accident Ins	14.04	140.40	
td Med 0050	155.95	487.85		Critical Ill	11.92	119.20	
ision	4.96	46.73		Life Employee	4.64	13.92	
				Life Spouse	1.54	15.40	
				LTD	5.77	57.70	
				STD	11.42	114.20	
Total Pre-Tax:	181.62	1992.81	Total Ded:	49.33	460.82	Total Dir Dep	245.00
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY		
2483.94	181.62	2302.32	469.48	49.33	1783.51		
T-D	23538.86	1992.81	21544.05	4323.37	460.82	16759.86	

Printed on 05/09/2008

Please keep a copy of this pay stub for your records.

A Payroll Service By Ceridian

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 00000000
CHECK DATE: 5/23/2008
PERIOD ENDING 5/17/2008

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER:	1037181	STATUS	EXEMPT	TAX ADJUSTMENTS
PAY RATE:	20.00	FED:	M	2
DEPARTMENT:	806	ST1:	M	2
		ST2:		DI/UC: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES

SPECIAL INFORMATION

DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
Charge Pay	87.70	87.70	488.30	Federal Inc	169.10	2244.21
Holiday Worked	0.00	0.00	699.00	Employee Me	27.80	339.98
HOLWK Shift YT	0.00	0.00	23.30	Social Secu	118.02	1453.74
OT Straight Ra	14.00	280.00	4174.40	IL State In	52.49	652.65
OTSTR Shift YT	0.00	0.00	272.40			
OTSTR Weekend	7.70	7.70	0.00			
OTSTR Weekend	6.30	12.60	0.00			
Overtime Coeff	14.00	154.21	2280.47			
Paid Time Off	0.00	0.00	480.00			
REG Evening	66.80	66.80	0.00			
REG Shift YT	0.00	0.00	855.00			
REG Weekend	1.20	2.40	0.00			
Regular	73.70	1474.00	16241.60			
	0.00	0.00	98.00			

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 00000000
CHECK DATE: 6/6/2008
PERIOD ENDING 5/31/2008

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806

STATUS EXEMPT TAX ADJUSTMENTS
FED: M 2 FED: ST:
ST1: M 2 DI/UC:
ST2: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS			TAXES			SPECIAL INFORMATION		
DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT		
Charge Pay	92.70	92.70	579.00	Federal Inc	188.96	2433.17	ESL	100.53
Holiday Worked	0.00	0.00	689.00	Employee Me	29.52	368.50	PTO	68.11
HOLWK Shift YT	0.00	0.00	23.30	Social Secu	126.23	1579.97		
DT Straight Ra	15.40	308.00	4482.40	IL State In	56.47	709.12		
DTSTR Evening	7.80	7.80	0.00					
DTSTR Shift YT	0.00	0.00	295.30					
DTSTR Weekend	7.50	15.00	0.00					
Overtime Coeff	15.40	170.44	2460.91					
Paid Time Off	0.00	0.00	480.00					
REG Evening	42.52	42.52	0.00					
REG Night Sh	16.30	16.30	0.00					
REG Shift YT	0.00	0.00	932.60					
REG Weekend	12.20	12.20	0.00					
REG Weekend	0.30	0.60	0.00					
Regular	77.30	1548.00	17787.60					
Retro	0.00	0.00	99.60					
TOTAL H/B	293.50	2217.64	27839.71	Total Tax	401.18	5091.76		
PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			DIRECT DEPOSIT		
Dental Ins	20.71	248.52	Accident Ins	14.04	168.48	\$1009	245.00	
PPO Med 0050	0.00	1271.13	Critical Ill	11.92	143.04	C2132	1340.51	
Std Med 0050	155.95	779.75	Life Employee	4.64	23.20			
Vision	4.98	56.65	Life Spouse	1.54	18.48			
			LTD	5.77	69.24			
			STD	11.42	137.04			
Total Pre-Tax:	181.62	2358.06	Total Ded:	49.33	559.48	Total Dir Dep	1585.51	
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY			
CURRENT	2217.64	181.62	2038.02	401.18	49.33	1585.51		
Y-T-D	27839.71	2358.06	25483.66	5091.76	559.48	19832.42		

Report generated on 06/06/2008. All data is subject to audit and subject to change. All figures are in US Dollars.

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

DATE: 6/6/2008 ADVICE NO: 00000000

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

NOT NEGOTIABLE

8311 Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130CHECK NO.: 00000000
CHECK DATE: 6/20/2008
PERIOD ENDING 6/14/2008ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806STATUS: N
ST1: M
ST2: 2
TAX ADJUSTMENTS:
FED: ST
DI/BC: LOCAL:

HOURS AND EARNINGS

IMPORTANT MESSAGE

SPECIAL INFORMATION

DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS
Charge Pay			
Holiday Worked	98.50	98.50	
HOLWK Shift YT	0.00	0.00	677.50
OT Straight Ra	0.00	0.00	699.00
OTSTR Shift YT	18.50	0.00	370.00
OTSTR Weekend	0.00	0.00	23.30
OTSTR Weekend	6.10	0.00	4852.40
Overtime Coeff	2.20	6.10	326.20
Paid Time Off	10.20	4.40	0.00
REG Evening	18.50	20.40	0.00
REG Shift YT	65.50	204.88	2665.79
REG Weekend	0.00	0.00	480.00
Regular Retro	9.40	0.00	0.00
	80.00	18.80	1016.90
	0.00	1600.00	0.00
		0.00	19387.60
			99.60

TOTAL H/E

308.90

2388.58

30228.29

Dental Ins	PRE-TAX DEDUCTIONS	
PPO Med 0050	20.71	269.23
Std Med 0050	0.00	1271.13
Vision	155.95	935.70
	4.98	61.61

Total Tax		445.02		5536.78	
Accident Ins					
Critical Ill	14.04		182.52		
Life Employee	11.92		154.98		
Life Spouse	4.64		27.84		
LTD	1.54		20.02		
STD	5.77		75.01		
	11.42		148.46		

Total Pre-Tax:		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		2537.67			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				
		2537.67			

PRETAX		181.62			
CURRENT EARNINGS		2388.58			
Y-T-D	30228.29				

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 005001963
CHECK DATE: 7/3/2008
PERIOD ENDING 6/28/2008

JAINEE E. AUSTIN
232 FENWOOD LANE
HILLSDALE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806

STATUS FED: M 2 EXEMPT FED ADJUSTMENTS
ST1: M 2 DI/UC:
ST2: LOCAL

IMPORTANT MESSAGE

HOURS AND EARNINGS

DESCRIPTION	CURRENT HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	TAXES		SPECIAL INFORMATION	
				DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT	
Charge Pay	98.80	98.80	776.10	Federal Inc	212.92	2880.69	
Holiday Worked	0.00	0.00	699.00	Employee Me	31.84	433.34	ESL 105.15
HOLWK Shift YT	0.00	0.00	23.30	Social Secu	136.14	1852.94	PDAY 8.00
OT Straight Ra	18.80	372.00	5224.40	IL State In	81.26	831.97	SICK 1.85
OTSTR Evening	4.40	4.40	0.00				VAC 77.96
OTSTR Shift YT	0.00	0.00	353.00				
OTSTR Weekend	8.00	6.00	0.00				
Overtime Coeff	8.20	16.40	0.00				
Paid Time Off	18.80	205.40	2871.19				
REG Evening	50.55	50.55	480.00				
REG Night Sh	8.15	8.15	0.00				
REG Shift YT	0.00	0.00	0.00				
REG Weekend	15.90	15.90	1091.50				
Regular	80.00	1600.00	0.00				
Retro	0.00	0.00	20987.60				
			99.60				

TOTAL H/E	308.00	2377.40	32605.69	Total Tax	442.16	5978.94	
ental Ins		PRE-TAX DEDUCTIONS	20.71	AFTER-TAX DEDUCTIONS			
PO Med 0050	0.00		289.94	Accident Ins	14.04	196.56	
td Med 0050	155.95		1271.13	Critical Ill	11.92	168.88	\$1008 245.00
ision	4.98		1091.65	Life Employee	4.84	32.48	
			66.57	Life Spouse	1.54	21.56	
				LTD	5.77	80.78	
				STD	11.42	159.88	

Total Pre-Tax:	181.62	2719.29	Total Ded:	49.33	658.14	Total Dir Dep	245.00
EARNS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY		
2377.40	181.62	2195.78	442.16	49.33	1704.29		

T-D	32605.69	2719.29	29886.40	5978.94	658.14	23249.32
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Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 00000000
CHECK DATE: 7/18/2008
PERIOD ENDING 7/12/2008

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSDIE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806

STATUS EXEMPT TAX ADJUSTMENTS
FED: M 2 FED: ST:
ST1: M 2 DI/UC:
ST2: LOCAL:

IMPORTANT MESSAGE

HOURS AND EARNINGS			TAXES		SPECIAL INFORMATION		
DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT	
Charge Pay	95.30	95.30	871.40	Federal Inc	209.13	3089.82	ESL
Holiday Worked	7.40	222.00	921.00	Employee Me	31.47	484.81	PDAY
HOLWK Evening	7.40	7.40	0.00	Social Secu	134.57	1987.51	SICK
HOLWK Shift YT	0.00	0.00	30.70	IL State In	60.50	892.47	VAC
OT Straight Ra	15.30	308.00	5530.40				81.04
OTSTR Evening	8.00	8.00	0.00				
OTSTR Night Sh	0.50	0.50	0.00				
OTSTR Shift YT	0.00	0.00	375.10				
OTSTR Weekend	6.80	13.80	0.00				
Overtime Coeff	15.30	174.20	3045.39				
Paid Time Off	0.00	0.00	480.00				
REG Evening	55.85	55.85	0.00				
REG Night Sh	15.85	15.85	0.00				
REG Shift YT	0.00	0.00	0.00				
REG Weekend	0.80	1.60	1184.80				
Regular	72.80	1452.00	22438.60				
Retro	0.00	0.00	98.60				
TOTAL H/E	300.90	2352.10	34957.79	Total Tax	435.67	6414.61	
PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		DIRECT DEPOSIT		
Health Ins	20.71	310.65	Accident Ins	14.04	210.80	\$1009	245.00
PPO Med 0050	0.00	1271.13	Critical Ill	11.92	178.80	C0876	1440.48
Std Med 0050	155.95	1247.60	Life Employee	4.64	37.12		
Vision	4.98	71.53	Life Spouse	1.54	23.10		
			LTD	5.77	86.55		
			STD	11.42	171.30		
Total Pre-Tax:	181.62	2800.91	Total Ded:	49.33	707.47	Total Dir Dep	1685.48
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY		
CURRENT	2352.10	181.62	2170.48	435.67	49.33	1685.48	
-T-D	34957.79	2800.91	32056.88	6414.61	707.47	24934.80	

Statement of Earnings. At the bottom of each page, you will find a summary of your earnings for the month.

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

DATE: 7/18/2008 ADVICE NO: 00000000

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSDIE, IL 60162

NOT NEGOTIABLE

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

CHECK NO: 00000000
CHECK DATE: 8/1/2008
PERIOD ENDING 7/26/2008

JAIMEE E. AUSTIN
32 FENWOOD LANE
HILLSIDE, IL 60162

ID NUMBER: 1037161
PAY RATE: 20.00
DEPARTMENT: 806

STATUS
FED: M 2
ST1: M 2
ST2:
EXEMPT
FED: ST
ST1: DI/UC
ST2: LOCAL

IMPORTANT MESSAGE

HOURS AND EARNINGS			TAXES		SPECIAL INFORMATION	
DESCRIPTION	HOURS	CURRENT EARNINGS	Y-T-D EARNINGS	DESCRIPTION	CURRENT AMOUNT	Y-T-D AMOUNT
charge Pay	78.00	78.00	947.40	Federal Inc	145.88	3215.50
oliday Worked	0.00	0.00	921.00	Employee Me	25.34	490.15
OLWK Shift YT	0.00	0.00	30.70	Social Secu	108.34	2095.88
T Straight Ra	5.70	114.00	5644.40	IL State In	47.81	940.28
TSTR Evening	5.70	5.70	0.00			
TSTR Shift YT	0.00	0.00	380.80			
vertime Coeff	5.70	62.72	3108.11			
and Time Off	0.00	0.00	480.00			
EG Evening	54.25	54.25	0.00			
EG Night Sh	15.65	15.65	0.00			
EG Shift YT	0.00	0.00	1235.30			
EG Weekend	0.40	0.80	0.00			
Regular	70.30	1408.00	23845.80			
etro	0.00	0.00	99.60			
cation Pay	9.70	194.00	194.00			
TOTAL H/E	243.40	1929.12	36886.91	Total Tax	327.17	6741.79
PRE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS		DIRECT DEPOSIT	
Dental Ins	20.71	331.36	Accident Ins	14.04	224.64	\$1009
PPO Med 0050	0.00	1271.13	Critical Ill	11.92	190.72	C0876
Std Med 0050	155.95	1403.55	Life Employee	4.64	41.76	
Vision	4.96	76.49	Life Spouse	1.54	24.64	
			LTD	5.77	92.32	
			STD	11.42	182.72	
Total Pre-Tax:	181.62	3082.53	Total Ded:	49.33	756.80	Total Dir Dep
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY	
CURRENT	1929.12	181.62	1747.50	327.17	49.33	1371.00
Y-T-D	36886.91	3082.53	33804.38	6741.79	756.80	26305.79

Riveredge Hospital
8311 West Roosevelt Road
Forrest Park, IL 60130

DATE: 8/1/2008 ADVICE NO: 00000000

YOUR ENTIRE NET PAY HAS BEEN DEPOSITED IN YOUR BANK ACCOUNT(S). PLEASE REVIEW
THE "CURRENT NET PAY DISTRIBUTION" SECTION OF YOUR STATEMENT OF EARNINGS FOR DETAILS.

JAIMEE E. AUSTIN
232 FENWOOD LANE
HILLSIDE, IL 60162

NOT NEGOTIABLE

PRE-TAX DEDUCTIONS	3082.53	Total Tax	261.01	7002.79	DIRECT DEPOSIT
Dental Ins	20.71	352.07	Accident Ins	14.04	238.68
PPO Med 0050	0.00	1271.13	Critical Ill	11.92	202.04
Std Med 0050	155.95	1559.50	G Pct Other	211.53	211.53
Vision	4.96	81.45	Life Employee	4.64	46.40
			Life Spouse	1.54	26.18
			LTD	5.77	98.09
			STD	11.42	194.14
Total Pre-Tax:	181.62	3264.15	Total Ded:	260.86	1017.66
EARNINGS	PRETAX	FIT TAXABLE	LESS TAXES	LESS DEDS	EQ NET PAY
CURRENT	1871.20	181.62	1488.58	261.01	260.86
Y-T-D	38558.11	3264.15	35293.96	7002.79	967.71
Statement of Earnings Current statement only and keep for your records.					
Riveredge Hospital 8311 West Roosevelt Road Forrest Park, IL 60130					
A Payroll Service of Creditor					

IN RE:

Austin, Jaimee E

Debtor(s)

Case No. _____

Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 3,500.00

Prior to the filing of this statement I have received \$ _____

Balance Due \$ 3,500.00

2. The source of the compensation paid to me was: Debtor Other (specify): _____

3. The source of compensation to be paid to me is: Debtor Other (specify): _____

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Litigation/Adversary Proceedings
Motions to Redeem \$400.00
Credit Education Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 25, 2008

Date

/s/ Derek Lofland

Signature of Attorney

Gleason & Gleason

Name of Law Firm

Certificate Number: 00437-ILN-CC-004719071

CERTIFICATE OF COUNSELING

I CERTIFY that on August 20, 2008, at 8:59 o'clock AM MDT,

Jaimee Austin received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: August 20, 2008

By /s/Aubrey Hunter

Name Aubrey Hunter

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy
Code are required to file with the United States Bankruptcy Court a completed certificate of
counseling from the nonprofit budget and credit counseling agency that provided the individual
the counseling services and a copy of the debt repayment plan, if any, developed through the
credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Austin, Jaimee E

Debtor(s)

Case No. _____

Chapter 13 _____

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

A. To be completed in all cases.

Date: August 22, 2008

I(We) Jaimee E Austin and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: _____



(Debtor or Corporate Officer, Partner or Member)

Signature: _____

(Joint Debtor)

Label (See page 19.)		Your first name and initial JAIMEE E		Last name HIXSON	OMB No. 1545-0085	
Use the IRS label. Otherwise, please print or type.		If a joint return, spouse's first name and initial E		Last name	Your social security number 353-78-6722	
		Home address (number and street). If you have a P.O. box, see page 20. R 1527 BALMORAL AVENUE		Apt. no. E WESTCHESTER	Spouse's social security number	
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. IL 60154			Important! You must enter your SSN(s) above.	

Presidential**Election Campaign**
(See page 20.)**Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You Yes No Yes No**Filing status**

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ►

4 Head of household (with qualifying person). (See page 20.)
 If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (See page 21.)**Exemptions**6 a **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.b **Spouse**c **Dependents:**No. of boxes checked on 6a and 6b
1

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 23)

Dependents on 6c not entered above

Add numbers on lines above
1

d Total number of exemptions claimed.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	24,743
8 a	Taxable interest. Attach Schedule 1 if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.	8b	
9 a	Ordinary dividends. Attach Schedule 1 if required.	9a	
b	Qualified dividends (see page 25).	9b	
10 a	Capital gain distributions (see page 25).	10a	
b	Post-May 5 capital gain distributions (see page 25).	10b	
11 a	IRA distributions. 11a	11b Taxable amount (see page 25).	11b
12 a	Pensions and annuities. 12a	12b Taxable amount (see page 26).	12b
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14 a	Social security benefits. 14a	14b Taxable amount (see page 28).	14b
15	Add lines 7 through 14b (far right column). This is your total income .	15	24,743
16	Educator expenses (see page 28).	16	
17	IRA deduction (see page 28).	17	
18	Student loan interest deduction (see page 31).	18	
19	Tuition and fees deduction (see page 31).	19	3,000
20	Add lines 16 through 19. These are your total adjustments .	20	3,000
21	Subtract line 20 from line 15. This is your adjusted gross income .	21	21,743

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 57.

EEA

Form 1040A (2003)

Label

(See page 19.)

Use the IRS label.

Otherwise, please print or type.

Your first name and initial JAIMEE E		Last name HIXSON	OMB No. 1545-0085
If a joint return, spouse's first name and initial 		Last name 	Your social security number 353-78-6722
Home address (number and street). If you have a P.O. box, see page 20. 1527 BALMORAL AVENUE		Apt. no. 	Spouse's social security number
City, town or post office, state, and ZIP code. If you have a foreign address, see page 20. WESTCHESTER		IL 60154	

Important!
You must enter your SSN(s) above.

Presidential

Election Campaign

(See page 20.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? Yes No Yes No

Filing status

1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here. ►

4 Head of household (with qualifying person). (See page 20.)
If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (See page 21.)

Exemptions

6 a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b Spouse

c **Dependents:**

If more than six dependents, see page 21.

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg. 23)	No. of boxes checked on 6a and 6b 1
					No. of children on 6c who:
					• lived with you
					• did not live with you due to divorce or separation (see page 23)
					Dependents on 6c not entered above

d Total number of exemptions claimed.

Add numbers on lines above
1

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 24.

Enclose, but do not attach, any payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	24,743
8 a Taxable interest. Attach Schedule 1 if required.	8a	
b Tax-exempt interest. Do not include on line 8a.	8b	
9 a Ordinary dividends. Attach Schedule 1 if required.	9a	
b Qualified dividends (see page 25).	9b	
10 a Capital gain distributions (see page 25).	10a	
b Post-May 5 capital gain distributions (see page 25).	10b	
11 a IRA distributions.	11b Taxable amount (see page 25).	11b
12 a Pensions and annuities.	12b Taxable amount (see page 26).	12b
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14 a Social security benefits.	14b Taxable amount (see page 28).	14b
15 Add lines 7 through 14b (far right column). This is your total income .	15	24,743
16 Educator expenses (see page 28).	16	
17 IRA deduction (see page 28).	17	
18 Student loan interest deduction (see page 31).	18	
19 Tuition and fees deduction (see page 31).	19	3,000
20 Add lines 16 through 19. These are your total adjustments .	20	3,000

21 Subtract line 20 from line 15. This is your **adjusted gross income**.

► 21 21,743

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 57.

EEA

Form 1040A (2003)

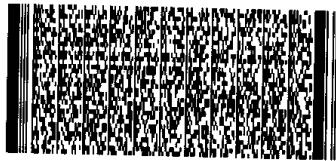
Do not write above this line.

Step 1: Personal information

353-78-6722

JAIMEE E HIXSON

1527 BALMORAL AVENUE
WESTCHESTER, IL 60154



C Check your filing status.

Single or head of household Married filing jointly Married filing separately Widowed

Step 2: Income

- 1 Write your federal adjusted gross income from your U.S. 1040, Line 34; U.S. 1040A, Line 21; U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line I. **1 21,743.00**
- 2 Write your federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ. **2**
- 3 Write any other additions to your income that are taxable in Illinois. See instructions for details. Specify your additions. **3**
- 4 Add Lines 1 through 3. This is your income. **4 21,743.00**

Staple
W-2,
W-2-G,
and
1099-R
forms
here.

↑

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Step 3: Base Income

Attach → 5 Write income received from Social Security benefits and certain retirement plans if that income is included in Step 2, Line 1. See instructions. **5**

→ 6 Write the military pay you earned if it is included in Step 2, Line 1. **6**

→ 7 Write any Illinois Income Tax refund included in Line 10 of U.S. 1040. **7**

→ 8 Write the U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1. **8**

→ 9 Write any other subtractions to your income. See Line 9 instructions and Publication 101 for details. **Do not subtract your out-of-state income.** Specify your subtractions. **9**

Check if Line 9 includes any amount from Schedule 1299-C.

10 Add Lines 5 through 9. This is the total of your subtractions. **10**

11 Subtract Line 10 from Line 4. This is your Illinois **base income**. **11 21,743.00**

Step 4: Exemptions

See instructions before completing this step. → 12 a Write the number of exemptions from your federal return. **1 X \$2,000 a 2,000.00**

b If someone else claimed you on their return, see Line 12 instructions to figure the number to write here. **b**

c Check if 65 or older: You + Spouse = **b**

d Check if legally blind: You + Spouse = **c**

Add Lines a through d. This is your total Illinois exemption allowance. **12 2,000.00**

Step 5: Net income

13 Residents only: Subtract Line 12 from Line 11. This is your net income. **13 19,743.00**

Attach → 14 Nonresidents and part-year residents only:

Check the box that applies to you during the year 2003. Nonresident Part-year resident
Complete Illinois Schedule NR, and write your Illinois base income from Step 5, Line 47. **14**

Step 6: Tax

15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.
Nonresidents and part-year residents: Write the tax from Schedule NR, Step 5, Line 53. **15 592.00**

Step 7: Payments and Credits

Attach → 17 Write the total amount of Illinois Income Tax withheld from your pay as shown on your W-2 forms, generally found in Box 17. 17 671.00

W-2's (Attach to page 1) 18 Write any estimated payments you made with Forms IL-1040-ES and IL-505-L. Include any credit from your 2002 overpayment. 18 _____

Schedule CR 19 If you paid income tax to another state while an Illinois resident, complete Schedule CR and write the amount from Line 8 of that schedule here. 19 _____

Other states' returns and required schedules 20 If you paid Illinois Property Tax, complete the PT Worksheet in instructions. Write PT Worksheet Line 3 amount here. → 20a _____ Write PT Worksheet Line 8 amount here. → 20b _____

Receipt or Schedule ED 21 If you paid education expenses, see instructions. Write Schedule ED or ED Worksheet Line 1 amount here. → 21a _____ Write Schedule ED or ED Worksheet Line 10 amount here. → 21b _____

22 If you received a federal EIC, complete the EIC Worksheet in instructions. Write EIC Worksheet Line 1 amount here. → 22a _____ Write your EIC credit amount from the EIC Worksheet here. → 22b _____ Check if you have a qualifying child (living with you) born after 12/31/85. 23 If you completed Illinois Schedule 1299-C, write the amount from Step 4, Line 51 here. 23 _____

Schedule 1299-C 24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 671.00

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your **overpayment**. 25 79.00

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your **tax due**. 26 _____

Step 9: Penalty

Attach → 27 Write your late-payment penalty for underpayment of estimated tax from Form IL-2210, Line 28. 27 _____

Form IL-2210 → a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. b Check if at least two-thirds of your federal gross income is from farming.

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Write the amount you wish to donate to one or more of the following voluntary contribution funds.

Wildlife Preservation	a	Multiple Sclerosis	g
Child Abuse Prevention	b	Military Family Relief	h
Alzheimer's Research	c	Lou Gehrig's Disease	i
Homeless Assistance	d	WWII Veterans Memorial	j
Breast Cancer Research	e	Asthma & Lung Research	k
Prostate Cancer Research	f	Leukemia Treatment	l

Add Lines a through l. This is your voluntary contributions total. 28 _____

29 Add Line 27 and Line 28. This is your total penalty and donations. 29 _____

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 79.00

31 Write the amount from Line 30 that you want applied to your 2004 estimated tax. 31 _____

32 Subtract Line 31 from Line 30. This is your **refund**. 32 79.00

Direct Deposit
See instructions

33 Direct deposit your refund by completing the following information.
Routing number _____ Checking or Savings
Account number _____

Payment Opt.
See instructions

34 If you have tax due on Line 26, add Lines 26 and 29. **OR**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the **amount you owe**. 34 _____

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature	Date	Daytime phone number	Your spouse's signature	Date
02-20-2004		708-344-2419		
Paid preparer's signature	Date	Preparer's phone number	Preparer's FEIN, SSN, or PTIN	
		773-237-2224	36-4222286	

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001 If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

IL-1040 page 2 (R-12/03)

ID: 3107

DR AP ME ZZ SE WA RR RX NS DC ID _____

JAIME E HIXSON

Tax,
credits,
and
payments

Document

Page 72 of 89

Your social security number

353-78-6722

22 29,051

22 Enter the amount from line 21 (adjusted gross income).

23a Check You were born before January 2, 1940, Blind Total boxes checked ► 23a
if: Spouse was born before January 2, 1940, Blind

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here

24 Enter your standard deduction (see left margin). ► 23b

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 24 4,850

26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. 25 24,201

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. 26 3,100

This is your taxable income.

28 Tax, including any alternative minimum tax (see page 31). ► 27 21,101

29 Credit for child and dependent care expenses. 28 2,811

Attach Schedule 2.

30 Credit for the elderly or the disabled. Attach Schedule 3. 29

31 Education credits. Attach Form 8863. 30

32 Retirement savings contributions credit. Attach Form 8880. 31 929

33 Child tax credit (see page 36). 32

34 Adoption credit. Attach Form 8839. 33

35 Add lines 29 through 34. These are your total credits. 34

36 Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-. 35 929

37 Advance earned income credit payments from Form(s) W-2. 36 1,882

38 Add lines 36 and 37. This is your total tax. 37

39 Federal income tax withheld from Forms W-2 and 1099. 39 3,267 1,882

40 2004 estimated tax payments and amount applied from 2003 return. 40

41a Earned income credit (EIC). 41a

b Nontaxable combat pay election. 41b

42 Additional child tax credit. Attach Form 8812. 42

43 Add lines 39, 40, 41a, and 42. These are your total payments. ► 43 3,267

44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid.

45a Amount of line 44 you want refunded to you. 44 1,385

b Routing number ► c Type: Checking Savings 45a 1,385d Account number 46

46 Amount of line 44 you want applied to your 2005 estimated tax. 46

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 51. ► 47

48 Estimated tax penalty (see page 51). 48

49 Do you want to allow another person to discuss this return with the IRS (see page 52)? Yes. Complete the following. No

Designee's name _____ Phone no. _____ Personal identification no. _____

► CANCER'S ACCOUNTING SERVICE ► 773-237-2224 number (PIN) ► 19737

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature Date _____ Your occupation _____ Daytime phone number _____

CSR TEACHER

Spouse's occupation _____

708-344-2419

Preparer's signature Date 02-07-2005 Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code CANCER'S ACCOUNTING SERVICE EIN 36-4222286

1542 N MONITOR Phone no.

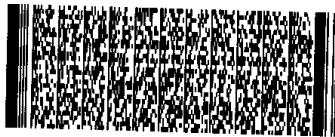
CHICAGO IL 60651 773-237-2224

Do not write above this line.

Step 1: Personal Information

353-78-6722

JAIMEE E HIXSON

1527 BALMORAL AVENUE
WESTCHESTER, IL 60154

C Filing status (check one)

 Single or head of household Married filing jointly Married filing separately Widowed

Step 2: Income

1 Federal adjusted gross income from your U.S. 1040, Line 36; U.S. 1040A, Line 21;

U.S. 1040EZ, Line 4; or U.S. TeleFile Tax Record, Line 1.

1 29,051.00

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ

2

3 Other additions to your income. Attach Schedule M.

3

4 Add Lines 1 through 3. This is your total income.

4

29,051.00

Staple
W-2
and
1099
forms
hereNew-
Complete
Schedule M.

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1, Form W-2, 1099-R.

5

6 Military pay earned if included in Step 2, Line 1. Attach military W-2.

6

7 Illinois Income Tax overpayment included in U.S. 1040, Line 10

7

8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency

8

interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1

9

9 Other subtractions to your income. Attach Schedule M.

9

Check if Line 9 includes any amount from Schedule 1299-C.

10

10 Add Lines 5 through 9. This is the total of your subtractions.

11

11 Subtract Line 10 from Line 4. This is your Illinois base income.

29,051.00

Step 4: Exemptions

See
instructions
before
completing
this step.

12 a Number of exemptions from your federal return. 1 X \$2,000 a 2,000.00

b If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here.

b

X \$2,000 b

c Check if 65 or older: You + Spouse = X \$1,000 cd Check if legally blind: You + Spouse = X \$1,000 d

Add Lines a through d. This is your total Illinois exemption allowance.

12

2,000

Step 5: Net income

13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14.

13

27,051

14 Nonresidents and part-year residents only:

Check the box that applies to you during the year 2004. Nonresident Part-year resident
Illinois base income from Schedule NR. Attach Schedule NR.

14

Step 6: Tax

15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.

15

812.00

Nonresidents and part-year residents: Write the tax from Schedule NR.

This amount may not be less than zero.

Step 7: Payments and Credits

Nonresidents
may not claim
a credit on
Lines 19,
20, or 21.

The total of
Lines 19, 20b,
and 21b may
not exceed
the tax
amount on
Line 16.

17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 17 800.00

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2003 return 18 _____

19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 19 _____

20 Illinois Property Tax credit. You must complete PT Worksheet in instructions. PT Worksheet Line 3 amount 20a _____

PT Worksheet Line 8 amount 20b _____

21 Education expense credit. You must complete ED Worksheet in instructions or Schedule ED. Attach receipt or Schedule ED. ED Worksheet or Schedule ED Line 1 amount 21a _____

ED Worksheet or Schedule ED Line 10 amount 21b _____

22 Earned Income Credit. You must complete EIC Worksheet in instructions. EIC Worksheet Line 1 amount 22a _____

EIC credit amount from the EIC Worksheet 22b _____

Check if you have a qualifying child (living with you) born after 12/31/86. 23 _____

23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. 23 _____

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 800.00

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 _____

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 12.00

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax 27 _____

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210.

b Check if at least two-thirds of your federal gross income is from farming

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Amount you wish to donate to one or more of the following voluntary contribution funds

Wildlife Preservation	a	Multiple Sclerosis	f
Child Abuse Prevention	b	Military Family Relief	g
Alzheimer's Research	c	Lou Gehrig's Disease	h
Homeless Assistance	d	Illinois Veterans' Home	i
Breast Cancer Research	e		

Add Lines a through i. This is your donations total.

29 Add Line 27 and Line 28. This is your total penalty and donations. 28 _____ 29 _____

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 _____

31 Amount from Line 30 that you want applied to 2005 estimated tax 31 _____

32 Subtract Line 31 from Line 30. This is your refund. 32 _____

33 Complete to direct deposit your refund

Routing number Checking or Savings
Account number

34 If you have tax due on Line 26, add Lines 26 and 29. OR

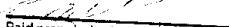
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe.

34 12.00

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature  Date 708-344-2419 Daytime phone number _____

Your spouse's signature _____ Date _____

Paid preparer's signature  Date 02-07-2005 Daytime phone number 773-237-2224 Preparer's phone number 36-4222286 Preparer's FEIN, SSN, or PTIN _____

If no payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001 If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001

DR AP CA ME NS PR RV WA WV ZZ ID

(Hope and Lifetime Learning Credits)

► See instructions.

2004

Attachment
Sequence No. 50Name(s) shown on return
JAIMEE E HIXSONYour social security number
353-78-6722

Caution: You cannot take both an education credit and the tuition and fees deduction (Form 1040, line 27, or Form 1040A, line 19) for the same student in the same year.

Part I Hope Credit. Caution: You cannot take the Hope credit for more than 2 tax years for the same student.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,000 for each student.	(d) Enter the smaller of the amount in column (c) or \$1,000	(e) Subtract column (d) from column (c)	(f) Enter one-half of the amount in column (e)
2	Add the amounts in columns (d) and (f)			2		

3	Tentative Hope credit. Add the amounts on line 2, columns (d) and (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III			3		
---	--	--	--	---	--	--

Part II Lifetime Learning Credit

4	Caution: You cannot take the Hope credit and the lifetime learning credit for the same student in the same year.	(a) Student's name (as shown on page 1 of your tax return) First name JAIMEE E Last name HIXSON	(b) Student's social security number (as shown on page 1 of your tax return) 353-78-6722	(c) Qualified expenses (see instructions) 4,646	
5	Add the amounts on line 4, column (c), and enter the total			5	4,646
6	Enter the smaller of line 5 or \$10,000			6	4,646
7	Tentative lifetime learning credit. Multiply line 6 by 20% (.20) and go to Part III			7	929

Part III Allowable Education Credits

8	Tentative education credits. Add lines 3 and 7			8	929
9	Enter \$105,000 if married filing jointly; \$52,000 if single, head of household, or qualifying widow(er)			9	52,000
10	Enter the amount from Form 1040, line 37*, or Form 1040A, line 22			10	29,051
11	Subtract line 10 from line 9. If zero or less, stop; you cannot take any education credits			11	22,949
12	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)			12	10,000
13	If line 11 is equal to or more than line 12, enter the amount from line 8 on line 14 and go to line 15. If line 11 is less than line 12, divide line 11 by line 12. Enter the result as a decimal (rounded to at least three places)			13	X
14	Multiply line 8 by line 13			14	929
15	Enter the amount from Form 1040, line 45, or Form 1040A, line 28			15	2,811
16	Enter the total, if any, of your credits from Form 1040, lines 46 and 48, or Form 1040A, lines 29 and 30			16	
17	Subtract line 16 from line 15. If zero or less, stop; you cannot take any education credits			17	2,811
18	Education credits. Enter the smaller of line 14 or line 17 here and on Form 1040, line 49, or Form 1040A, line 31			18	929

* If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

For Paperwork Reduction Act Notice, see page 3.

EEA

Form 8863 (2004)

Label

(See instructions on page 16.)
Use the IRS label.
Otherwise, please print or type.

Presidential

Election Campaign

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending	20	CMB No. 1545-0074
L A B E L H E R E	Your first name and initial JAIMEE E If a joint return, spouse's first name and initial HIXSON	Last name HIXSON	Your social security number 353-78-6722	
Home address (number and street). If you have a P.O. box, see page 16. 1527 BALMORAL AVENUE		Apt. no.	Spouse's social security number	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. WESTCHESTER IL 60154			You must enter your SSN(s) above.	

► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ► You Spouse

Filing Status	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17) if the qualifying person is a child but not your dependent, enter this child's name here.
		► DAMARCO S SMITH 330-96-8551
		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)

Exemptions

6 a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 1																				
b <input type="checkbox"/> Spouse	No. of children on 6c who:																				
c Dependents:	<table border="1"> <tr> <td>(1) First name</td> <td>Last name</td> <td>(2) Dependent's social security number</td> <td>(3) Dependent's relationship to you</td> <td>(4) Check if qualifying child for child tax credit (see page 19)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see page 19)															
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see page 19)																	
d Total number of exemptions claimed	Dependents on 6c not entered above																				
7 Wages, salaries, tips, etc. Attach Form(s) W-2	Add numbers on lines above ► 1																				

If more than four dependents, see page 19.

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 27,524
8 a Taxable interest. Attach Schedule B if required	8a
b Tax-exempt interest. Do not include on line 8a	8b
9 a Ordinary dividends. Attach Schedule B if required	9a
b Qualified dividends (see page 23)	9b
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10
11 Alimony received	11
12 Business income or (loss). Attach Schedule C or C-EZ	12 784
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13
14 Other gains or (losses). Attach Form 4797	14
15 a IRA distributions	15a
b Taxable amount (see page 25)	b Taxable amount (see page 25)
16 a Pensions and annuities	16a
b Taxable amount (see page 25)	b Taxable amount (see page 25)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18 Farm income or (loss). Attach Schedule F	18
19 Unemployment compensation	19
20 a Social security benefits	20a
b Taxable amount (see page 27)	b Taxable amount (see page 27)
21 Other income.	21
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22 28,308
23 Educator expenses (see page 29)	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25 Health savings account deduction. Attach Form 8889	25
26 Moving expenses. Attach Form 3903	26
27 One-half of self-employment tax. Attach Schedule SE	27 56
28 Self-employed SEP, SIMPLE, and qualified plans	28
29 Self-employed health insurance deduction (see page 30)	29
30 Penalty on early withdrawal of savings	30
31 a Alimony paid b Recipient's SSN ►	31a
32 IRA deduction (see page 31)	32
33 Student loan interest deduction (see page 33)	33
34 Tuition and fees deduction (see page 34)	34
35 Domestic production activities deduction. Attach Form 8903	35
36 Add lines 23 through 31a and 32 through 35	36 56
37 Subtract line 36 from line 22. This is your adjusted gross income ►	37

For Disclosure, Privacy Act, and Paperwork Reduction Act information, see page 16.

Tax and Credits**Standard Deduction for—**

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.
- All others: Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	28,252
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. checked ►39a	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,300
41	Subtract line 40 from line 38	41	20,952
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	3,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	17,752
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	2,144
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	2,144
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	1,533
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 41). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	1,533
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	611

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	111
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	722

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	3,241
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned Income credit (EIC)	66a	440
b	Nontaxable combat pay election ► 66b	66b	
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	3,681

Refund

Direct deposit? See page 59 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	2,959
73a	Amount of line 72 you want refunded to you	73a	2,959

Amount You Owe

75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	
76	Estimated tax penalty (see page 60)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)?	<input type="checkbox"/> Yes. Complete the following.	<input checked="" type="checkbox"/> No
Designee's name	Phone no.	Personal identification number (PIN)

Sign**Here**

Joint return?

See page 17.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation	708-344-2419

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code	CANCER'S ACCOUNTING SERVICE 1542 N MONITOR CHICAGO	EIN	36-4222286
	IL 60651	Phone no.	773-237-2224

**SCHEDULE C-EZ
(Form 1040)**Department of the Treasury
Internal Revenue Service
Name of proprietor

JAIMEE E HIXSON

Net Profit From Business

(Sole Proprietorship)

OMB No. 1545-0074

2005

Attachment
Sequence No. 09A

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
► Attach to Form 1040 or 1041. ► See instructions.

Social security number (SSN)
353-78-6722**Part I General Information**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor or statutory employee.

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-4 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service
EDUCATOR**C Business name. If no separate business name, leave blank.**
AFTER SCHOOL INSTRUCTOR**E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1.**

1527 BALMORAL AVENUE

City, town or post office, state, and ZIP code

WESTCHESTER IL 60154

B Enter code from pages C-8, 9, & 10**D Employer ID number (EIN), if any****Part II Figure Your Net Profit**

1	Gross receipts. Caution. If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory Employees in the instructions for Schedule C, line 1, on page C-3 and check here	1,500
2	Total expenses (see instructions). If more than \$5,000, you must use Schedule C	716
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on Form 1040, line 12, and also on Schedule SE, line 2. (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	784

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (year, month, day) ►

5 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

6 Do you (or your spouse) have another vehicle available for personal use? _____ Yes No

7 Was your vehicle available for personal use during off-duty hours? _____ Yes No

8 a Do you have evidence to support your deduction? _____ Yes No

b If "Yes," is the evidence written? _____ Yes No

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

EEA

Schedule C-EZ (Form 1040) 2005

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2005

Attachment
Sequence No. 17

Department of the Treasury
Internal Revenue Service (98)

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)	Social security number of person with self-employment income	► 353-78-6722
<u>JAIMEE E HIXSON</u>		

Who Must File Schedule SE

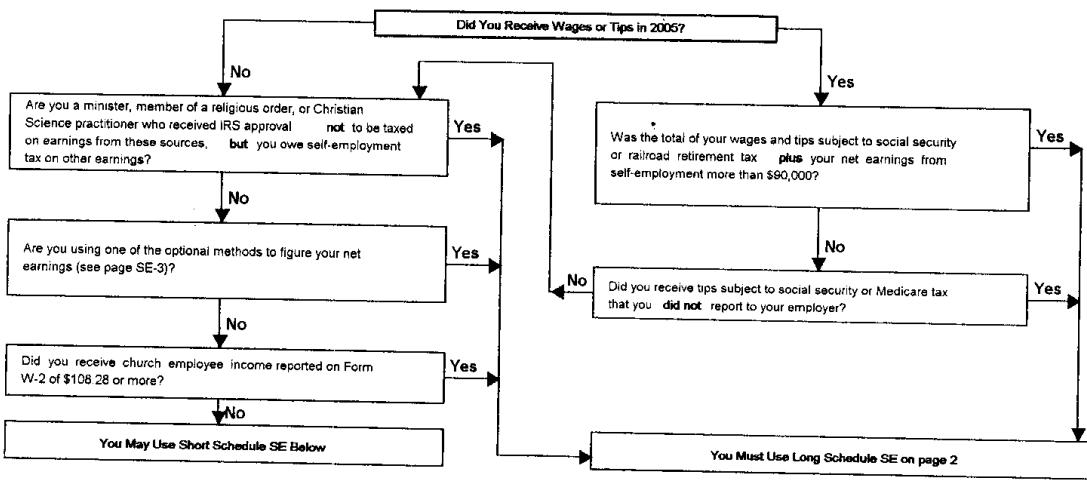
You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see page SE-1).

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either "optional method" in Part II of Long Schedule SE (see page SE-3).

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt-Form 4361" on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see page SE-1 for amounts to report on this line. See page SE-2 for other income to report	2	784
3	Combine lines 1 and 2	3	784
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	724
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$90,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$90,000, multiply line 4 by 2.9% (.029). Then, add \$11,160.00 to the result. Enter the total here and on Form 1040, line 58. 	5	111
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27	6	56

For Paperwork Reduction Act Notice, see Form 1040 instructions.

SCHEDULE EIC

(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

JAIMEE E HIXSON

Earned Income Credit

Qualifying Child Information

OMB No. 1545-0074

2005

Attachment Sequence No. **43**

Your social security number

353-78-6722

Before you begin:

See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information

Child 1

Child 2

1 Child's name

If you have more than two qualifying children, you only have to list two to get the maximum credit.

First name	Last name	First name	Last name
------------	-----------	------------	-----------

DAMARCO S
SMITH

2 Child's SSN

The child must have an SSN as defined on page 44 of the Form 1040A instructions or page 48 of the Form 1040 instructions unless the child was born and died in 2005. If your child was born and died in 2005 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.

330-96-8551

3 Child's year of birth

Year 1999
If born after 1986, skip lines 4a and 4b; go to line 5.

Year _____
If born after 1986, skip lines 4a and 4b; go to line 5.

4 If the child was born before 1987-

a Was the child under age 24 at the end of 2005 and a student?

Yes. Go to line 5. No. Continue

Yes. Go to line 5. No. Continue

b Was the child permanently and totally disabled during any part of 2005?

Yes. Continue No. The child is not a qualifying child.

Yes. Continue No. The child is not a qualifying child.

5 Child's relationship to you

(for example, son, daughter, grandchild, niece, nephew, foster child, etc.)

FOSTERCHILD

6 Number of months child lived with you in the United States during 2005

- If the child lived with you for more than half of 2005 but less than 7 months, enter "7".
- If the child was born or died in 2005 and your home was the child's home for the entire time he or she was alive during 2005, enter "12".

12 months

Do not enter more than 12 months.

months

Do not enter more than 12 months

TIP You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2005, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 42 of Form 1040A or line 68 of Form 1040.

Form 8863

(Rev. January 2006)
Department of the Treasury
Internal Revenue Service (99)Education Credit Page 81 of 89
(Hope and Lifetime Learning Credits)

OMB No. 1545-0074

2005

Attachment
Sequence No. 50

Name(s) shown on return

JAIMEE E HIXSON

Caution: You cannot take both an education credit and the tuition and fees deduction (Form 1040, line 34, or Form 1040A, line 19) for the same student in the same year.

Your social security number

353-78-6722

Part I Hope Credit. Caution: You cannot take the Hope credit for more than 2 tax years for the same student.

1 (a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,000* for each student.	(d) Enter the smaller of the amount in column (c) or \$1,000**	(e) Add column (c) and column (d)	(f) Enter one-half of the amount in column (e)
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

* For each student who attended an eligible educational institution in the Gulf Opportunity Zone, do not enter more than \$4,000.

** For each student who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of the amount in column (c) or \$2,000.

2 Tentative Hope credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for another student, go to Part II; otherwise, go to Part III

2

Part II Lifetime Learning Credit

3 Caution: You cannot take the Hope credit and the lifetime learning credit for the same student in the same year.	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
	JAIMEE E HIXSON	353-78-6722	7,666
4 Add the amounts on line 3, column (c), and enter the total	5a Enter the smaller of line 4 or \$10,000	4	7,666
b For students who attended an eligible educational institution in the Gulf Opportunity Zone, enter the smaller of \$10,000 or their qualified expenses included on line 4 (see special rules on page 3)	5a	5b	7,666
c Subtract line 5b from line 5a	5c	5c	7,666
6a Multiply line 5b by 40% (.40)	6a	6a	1,533
b Multiply line 5c by 20% (.20)	6b	6b	1,533
c Tentative lifetime learning credit. Add lines 6a and 6b and go to Part III	6c	6c	1,533

Part III Allowable Education Credits

7 Tentative education credits. Add lines 2 and 6c	7	1,533
8 Enter: \$107,000 if married filing jointly; \$53,000 if single, head of household, or qualifying widow(er)	8	53,000
9 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22	9	28,252
10 Subtract line 9 from line 8. If zero or less, stop; you cannot take any education credits	10	24,748
11 Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	10,000
12 If line 10 is equal to or more than line 11, enter the amount from line 7 on line 13 and go to line 14. If line 10 is less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places)	12	X
13 Multiply line 7 by line 12	13	1,533
14 Enter the amount from Form 1040, line 46, or Form 1040A, line 28	14	2,144
15 Enter the total, if any, of your credits from Form 1040, lines 47 thru 49, or Form 1040A, lines 29 and 30	15	
16 Subtract line 15 from line 14. If zero or less, stop; you cannot take any education credits	16	2,144
17 Education credits. Enter the smaller of line 13 or line 16 here and on Form 1040, line 50, or Form 1040A, line 31	17	1,533

* If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

For Paperwork Reduction Act Notice, see page 4.

Illinois Department of Revenue
2005 Form IL-1040
Individual Income Tax Return
tax.illinois.gov

or for fiscal year ending /06

Do not write above this line.

Step 1: Personal Information

353-78-6722

JAIMEE E HIXSON

1527 BALMORAL AVENUE
WESTCHESTER, IL 60154

C Filing status (see instructions)

Single or head of household Married filing jointly Married filing separately Widowed

D Check if you were a member of a professional athletic team during 2005

Step 2: Income

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4

1 28,252.00

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ

2

3 Other additions to your income. Attach Schedule M.

3

4 Add Lines 1 through 3. This is your total income.

4 28,252.00

Staple
W-2
and
1099
forms
here

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1.

5

6 Military pay earned if included in Step 2, Line 1. Attach military W-2.

6

7 Illinois Income Tax overpayment included in U.S. 1040, Line 10

7

8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1

8

9 Other subtractions to your income. Attach Schedule M.

9

Check if Line 9 includes any amount from Schedule 1299-C

10

10 Add Lines 5 through 9. This is the total of your subtractions.

10

11 Subtract Line 10 from Line 4. This is your Illinois base income.

11 11 28,252.00

Step 4: Exemptions

See
instructions
before
completing
Line 12.

12 a Number of exemptions from your federal return 1 X \$2,000 a 2,000.00

b If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here.

X \$2,000 b c Check if 65 or older: You + Spouse = X \$1,000 b d Check if legally blind: You + Spouse = X \$1,000 c

Add Lines a through d. This is your total Illinois exemption allowance.

d 12 12 2,000.00

Step 5: Net income

13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14.

13 26,252.00

14 Nonresidents and part-year residents only:

Check the box that applies to you during the year 2005. Nonresident Part-year resident

Illinois base income from Schedule NR. Attach Schedule NR.

14

Step 6: Tax

15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.

Nonresidents and part-year residents: Write the tax from Schedule NR.

This amount may not be less than zero.

15 15 788.00

Step 7: Payments and Credits

Nonresidents
may not claim
a credit on
Lines 19,
20, or 21.

The total of
Lines 19, 20b,
and 21b may
not exceed
the tax
amount on
Line 16.

17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 17 764.00

18 Estimated payments from Forms IL-505-1 and IL-1040-ES, including overpayment applied from 2004 return. 18 _____

19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 19 _____

20 Illinois Property Tax credit. Complete PT Worksheet in instructions. PT Worksheet Line 3 amount 20a _____
PT Worksheet Line 8 amount 20b _____

21 K-12 education expense credit. Complete ED Worksheet in instructions or Schedule ED. Attach receipt or Schedule ED. ED Worksheet or Schedule ED Line 1 amount 21a _____
ED Worksheet or Schedule ED Line 10 amount 21b _____

22 Earned Income Credit. Complete EIC Worksheet in instructions. EIC Worksheet Line 1 amount 22a 440.00
EIC credit amount from the EIC Worksheet 22b 22.00
Check if you have a qualifying child (living with you) born after 12/31/87.

23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. 23 _____

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 786.00

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 _____

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 2.00

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax 27 _____

a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210.

b Check if at least two-thirds of your federal gross income is from farming

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Amount you wish to donate to one or more of the following voluntary contribution funds

Wildlife	a	Military Family	g	Sarcoidosis	m
Child Abuse	b	Lou Gehrig's	h	Autism	n
Alzheimer's	c	IL Veterans' Home	i	Blindness	o
Homeless	d	Epilepsy	j	Pet Population	p
Breast Cancer	e	Diabetes	k	Brain Tumor	q
Multiple Sclerosis	f	Colon Cancer	l		

Add Lines a through q. This is your donations total. 28 _____

29 Add Line 27 and Line 28. This is your total penalty and donations. 29 _____

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 _____

31 Amount from Line 30 that you want applied to 2006 estimated tax 31 _____

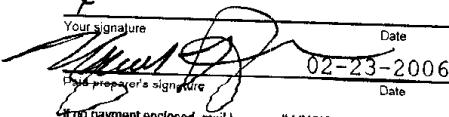
32 Subtract Line 31 from Line 30. This is your refund. 32 _____

33 Complete to direct deposit your refund
Routing number _____ Checking or Savings
Account number _____

34 If you have tax due on Line 26, add Lines 26 and 29. **or**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 2.00

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.


 Your signature _____ Date 708-344-2419 Daytime phone number _____
 Date 02-23-2006 Preparer's phone number 773-237-2224 Your spouse's signature _____ Date _____
 Date _____ Preparer's FEIN, SSN, or PTIN 36-4222286

If no payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62718-0001

If payment enclosed, mail to: ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

Label (See instructions on page 16.)		For the year Jan. 1-Dec. 31, 2006, or other tax year beginning 2006, ending		OMB No. 1545-0074	
L A B E L H E R E		Your first name and initial JAIMEE E If a joint return, spouse's first name and initial HEXSON		Last name Last name	
Filing Status Check only one box.		Home address (number and street). If you have a P.O. box, see page 16. 1527 BALMORAL AVENUE City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. WESTCHESTER IL 60154		Apt. no. Spouse's social security number 353-78-6722	
Presidential Election Campaign		► Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)		You must enter your SSN(s) above. ▲	
1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ►		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.		Checking a box below will not change your tax or refund. ► <input type="checkbox"/> You <input type="checkbox"/> Spouse	
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)		Boxes checked on 6a and 6b 1	

Exemptions

If more than four dependents, see page 19.

b <input type="checkbox"/> Spouse	c Dependents:			No. of children on 6c who:
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see page 19)
d Total number of exemptions claimed				Dependents on 6c not entered above

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required	7	25,726
b Tax-exempt interest. Do not include on line 8a	8a	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see page 23)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	b Taxable amount (see page 25)
16a Pensions and annuities	16a	b Taxable amount (see page 26)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	500
20a Social security benefits	20a	b Taxable amount (see page 27)
21 Other income	21	

22 Add the amounts in the far right column for lines 7 through 21. This is your total income ► 22 26,226

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2108 or 2108-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see page 29)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ►	31a	
32 IRA deduction (see page 31)	32	
33 Student loan interest deduction (see page 33)	33	
34 Jury duty pay you gave to your employer	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	26,226

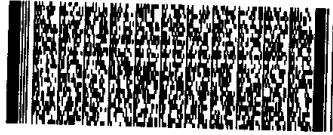
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

Do not write above this line.

Step 1: Personal Information

353-78-6722

JAIMEE E HIXSON

1527 BALMORAL AVENUE
WESTCHESTER, IL 60154

C Filing status (see instructions)

Single or head of household Married filing jointly Married filing separately Widowed

Step 2: Income

1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4 1 26,226

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2 _____

3 Other additions to your income. Attach Schedule M. 3 _____

4 Add Lines 1 through 3. This is your total income. 4 26,226

 Staple
W-2
and
1099
forms
here

Step 3: Base Income

5 Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. Attach federal page 1. 5 _____

6 Military pay earned if included in Step 2, Line 1. Attach military W-2. 6 _____

7 Illinois Income Tax overpayment included in U.S. 1040, Line 10 7 _____

8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1 8 _____

9 Other subtractions to your income. Attach Schedule M. 9 _____

10 Add Lines 5 through 9. This is the total of your subtractions. 10 _____

11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 26,226

Step 4: Exemptions

12 a Number of exemptions from your federal return 1 X \$2,000 a 2,000

b If someone else claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. X \$2,000 b _____

c Check if 65 or older: You + Spouse = X \$1,000 c _____

d Check if legally blind: You + Spouse = X \$1,000 d _____

Add Lines a through d. This is your total Illinois exemption allowance. 12 2,000

13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. 13 24,226

14 Nonresidents and part-year residents only:
Check the box that applies to you during the year 2006. Nonresident Part-year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR. 14 _____

Step 6: Tax

15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax.
Nonresidents and part-year residents: Write the tax from Schedule NR.
This amount may not be less than zero.

15 727

Step 7: Payments and Credits

Nonresidents
may not claim
a credit on
Lines 19,
20, or 21.

The total of
Lines 19, 20b,
and 21b may
not exceed
the tax
amount on
Line 18.

17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 17 711

18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from 2005 return. 18

19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 19

20 Illinois Property Tax credit. Complete PT Worksheet in Instructions. PT Worksheet Line 3 amount 20a
PT Worksheet Line 8 amount 20b

21 K-12 education expense credit. Complete ED Worksheet in Instructions or Schedule ED. Attach receipt or Schedule ED. ED Worksheet or Schedule ED Line 1 amount 21a
ED Worksheet or Schedule ED Line 10 amount 21b

22 Earned Income Credit. Complete EIC Worksheet in instructions. EIC Worksheet Line 1 amount 22a
EIC credit amount from the EIC Worksheet 22b
Check if you have a qualifying child (living with you) born after 12/31/88.

23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. 23

24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is the total of your payments and credits. 24 711

Step 8: Overpayment or Tax Due

25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25

26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 16

Step 9: Penalty

27 Late-payment penalty for underpayment of estimated tax 27
a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210.
b Check if at least two-thirds of your federal gross income is from farming.

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

28 Amount you wish to donate to one or more of the following voluntary contribution funds:

Wildlife	a	Multiple Sclerosis	f	Pet Population	k
Child Abuse	b	Military Family	g	Energy Assistance	l
Alzheimer's	c	Lou Gehrig's	h	Heartsaver AED	m
Homeless	d	IL Veterans' Home	i		
Breast Cancer	e	Diabetes	j		

Add Lines a through m. This is your donations total. 28

29 Add Line 27 and Line 28. This is your total penalty and donations. 29

Step 11: Refund or Amount You Owe

30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30

31 Amount from Line 30 that you want applied to 2007 estimated tax 31

32 Subtract Line 31 from Line 30. This is your refund. 32

Direct
Deposit →

33 Complete to direct deposit your refund
Routing number Checking or Savings
Account number

34 If you have tax due on Line 26, add Lines 26 and 29. **or**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34 16

Step 12: Sign and Date

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Your signature Date 02-24-2007 Daytime phone number 708-344-2419 Your spouse's signature Date
Preparer's signature Date 02-24-2007 Preparer's phone number 773-237-8252 Preparer's FEIN, SSN, or PTIN 36-4222286

If no payment enclosed, mail to:

ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62716-0001

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

IL-1040 page 2 (R-12/06) DR AP CA DE EL EV LP ME MO PR RM RR TT TV WA WT WV ZZ
ID: 3107

Label

(See instructions on page 12.)

Use the IRS label.

Otherwise, please print or type.

If a joint return, spouse's first name and initial

Case 08-272088 Doc 1 Filed 08/25/08 Entered 08/25/08 17:04:15

400-000-0001

Entered 08/25/08 17:04:15 Page 88 of 89

Your social security number

353-78-6722

Spouse's social security number

Your first name and initial

Last name

JAIMEE E

HIXSON - AUSTIN

Last name

If a joint return, spouse's first name and initial

Home address (number and street). If you have a P.O. box, see page 12.

Apt. no.

232 FENWOOD LN

You must enter
your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.

Hillside IL 60162-1711

Checking a box below will not
change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)

You Spouse

Filing

Status

Check only
one box.1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full
name here.4 Head of household (with qualifying person). (See page 13.) If
the qualifying person is a child but not your dependent, enter
this child's name here.5 Qualifying widow(er) with dependent child (see page 14)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6aBoxes checked
on 6a and 6b

1

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 15)

No. of children
on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 16)

Dependents on 6c
not entered aboveAdd numbers on
lines above

1

d Total number of exemptions claimed

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and
1099-R if tax
was withheld.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 45,469

8a Taxable interest. Attach Schedule B if required

8a

b Tax-exempt interest. Do not include on line 8a

8b

9a Ordinary dividends. Attach Schedule B if required

9a

b Qualified dividends (see page 19)

9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15b

16a Pensions and annuities

16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20b

21 Other income

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22 45,469

23 Educator expenses (see page 26)

23

24 Certain business expenses of reservists, performing artists, and
fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see page 26)

29

30 Penalty on early withdrawal of savings

30

31a Alimony paid b Recipient's SSN

31a

32 IRA deduction (see page 27)

32

33 Student loan interest deduction (see page 30)

33

34 Tuition and fees deduction. Attach Form 8917

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37

45,469

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Taxes		60	Additional tax on RAs after claimed tax credits from Schedule H
61		62	Adverse armament income credit payments from Form(s) W-2, Box 9
63		64	Federal income tax withheld from Form W-2 and 1099
65		66	2007 estimated tax payments and amount applied from 2006 return
67		68	Nonresident combi pay election
69		70	Additional child tax credit Form 8812
71		72	Additional credit for prior minimum tax from Form 8855
73		74	Amount of line 72 is more than line 63 from line 27. This is the amount you overpaid
75		76	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here
77		78	Amount of line 73 you want refunded to you. Subtract line 72 from line 63. For details on how to pay, see page 60
79		80	Do you want to allow another person to discuss this return with the IRS (see page 61)? <input type="checkbox"/> Yes. Complete the following.
81		82	Designee's name
83		84	Phone no.
85		86	Personal identification number (PIN)
87		88	Under penalties of perjury, I declare that I have examined this return and acknowledge my schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
89		90	Preparer's name (or address if self-employed)
91		92	Preparer's SSN or PTIN
93		94	Daytime phone number
95		96	Spouse's occupation
97		98	Date
99		100	Check if self-employed
101		102	Date
103		104	Spouse's signature. If a joint return, both must sign
105		106	Date
107		108	Year occupation
109		110	Daytime phone number
111		112	Preparer's SSN or PTIN
113		114	Preparer's name (or address if self-employed)
115		116	Preparer's SSN or PTIN
117		118	Daytime phone number
119		120	Preparer's signature
121		122	Preparer's SSN or PTIN
123		124	Form 8888 will be filed.
125		126	Form 59 will be filed.
127		128	Form 74d will be filed.
129		130	Form 888 will be filed.
131		132	Form 8888 will be filed.
133		134	Form 888 will be filed.
135		136	Form 8888 will be filed.
137		138	Form 8888 will be filed.
139		140	Form 8888 will be filed.
141		142	Form 8888 will be filed.
143		144	Form 8888 will be filed.
145		146	Form 8888 will be filed.
147		148	Form 8888 will be filed.
149		150	Form 8888 will be filed.
151		152	Form 8888 will be filed.
153		154	Form 8888 will be filed.
155		156	Form 8888 will be filed.
157		158	Form 8888 will be filed.
159		160	Form 8888 will be filed.
161		162	Form 8888 will be filed.
163		164	Form 8888 will be filed.
165		166	Form 8888 will be filed.
167		168	Form 8888 will be filed.
169		170	Form 8888 will be filed.
171		172	Form 8888 will be filed.
173		174	Form 8888 will be filed.
175		176	Form 8888 will be filed.
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